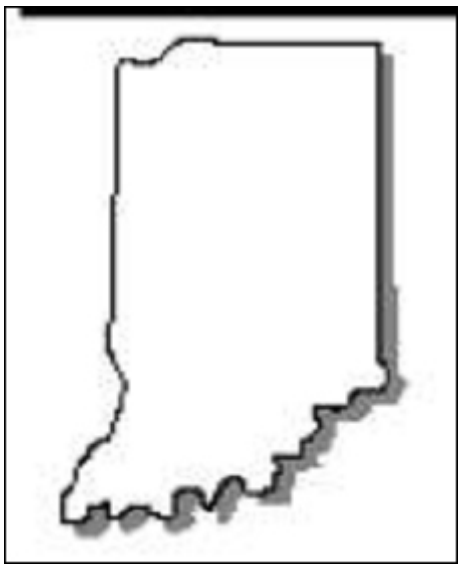
State of Indiana
Medicaid DUR Annual Report

For Federal Fiscal Year 2004

(October 1, 2003 to September 30, 2004)



Presented to:
Center for Medicare and Medicaid Services (CMS)

By:

State of Indiana—Office of Medicaid Policy and Planning

Approved by the Indiana Medcaid DUR Board

Initial draft prepared by ACS State Healthcare, PBM Group

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CMS SURVEY

DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT
FEDERAL FISCAL YEAR 2004

I. STATE CODE

IN

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

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III. PROSPECTIVE DUR

1. During Federal Fiscal Year 2004 prospective DUR was conducted: (check those applicable)

   a) _____ By individual pharmacies on-site.

   b) _____ On-line through approved electronic drug claims management system.

   c) **X** Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

   _____ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

   X Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

   _____ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

(b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

Yes **X** No _____

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:

_____ Has no plan to implement an ECM system with prospective DUR capability.

_____ Plans to have an operational ECM system with prospective DUR in FFY 2004 or later.

STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

a) Operational date **09/95** (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.

b) Operational date **03/96** (MM/YY) on which on-line POS system began conducting prospective DUR screening.

c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2004. **96.54 %** by ACS 03/23/2003-09/30/2003.

d) Identify ECM vendor.
Electronic Data Systems (EDS) 10/01/2002-03/22/2003
ACS State Health Care Solutions 03/23/2003-09/30/2004
(company, academic institution, other organization)

1) Was system developed in house? Yes **X** No _____

2) Is vendor Medicaid Fiscal agent? Yes _____ No **X**

e) Identify prospective DUR (source of criteria).
First Data Bank with review and approval of DUR Board
(company, academic institution, other organization)

5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)

(a) _____ Approved in FFY 2004 all criteria submitted by the vendor.

(b) ___X___ Chose to approve selected criteria submitted by the vendor.

States checking 5 (b) have provided **DUR criteria** data requested on **enclosed Table 1.** Yes ___X____ No_____

7. State prospective DUR screening includes screens run before obtaining DUR
Board approval of criteria. Yes ___ No_X____

8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2**. Yes_X_ No ____

IV. RETROSPECTIVE DUR

1. Identify your retrospective DUR vendor during FFY 2004.

Affiliated Computer Services (ACS) State Healthcare Solutions

(company, academic institution or other organization)

a) Is the retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No ___X____

Is your current retrospective DUR vendor contract subject to re-bid in FFY 2004?
Yes _____ No ___X____

If your vendor changed during FFY 2004, identify your new vendor.

No Changes in FFY 2004. ACS State Healthcare Solutions began 03/23/2003

(company, academic institution or other organization)

c) Is this retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No ___X____

d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes ____X____ No__ _____

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

ACS State Healthcare Solutions – 03/23/2003 to 9/30/2004

(company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes **X** No _____

4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy **Table 2**. Yes **X** No ___

5. States conducting retrospective DUR have included **ATTACHMENT 3**. Yes **X** No _____

V. DUR BOARD ACTIVITY

1. States have included a brief description of DUR Board activities during FFY 2003 as **ATTACHMENT 4**. Yes **X** No _____

2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**. Yes **X** No _____

VI. PROGRAM EVALUATION/COST SAVINGS

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2004? Yes **X** No _____

2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate? Yes **X** No _____

3. Who conducted your program evaluation/cost savings estimate?

Affiliated Computer Services (ACS) State Healthcare Solutions

(company, academic institution, or other organization)

4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes **X** No ___

Table 1
Prospective DUR Criteria

CMS FFY 2004 - INDIANA MEDICAID

TABLE 1.A PROSPECTIVE DUR CRITERIA

Approval Process

FOR EACH PROBLEM TYPE BELOW
LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.
PLEASE INDICATE WITH AN ASTERISK (*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

*Implementation Dates were all prior to FFY 2003 or FFY 2004

INAPPROPRIATE DOSE	THERAPEUTIC DUPLICATION	DRUG ALLE
1.	1. *See Table 1.A.2	1.
2.	2.	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE
1. *Over utilization (Early Refill) All Drug Products (Requires PA)	1. *Severity Level 1 (Requires PA)	1. *See Table 1.A

2.	*Underutilization (Late Refill) Anti-Convulsants, Oral Hypoglycemics, ACE Inhibitors, Xanthines	2.		2.	
3.	*34-Day Supply for Non-Maintenance (Requires PA)	3.		3.	

	OTHER DRUG PREGNANCY	*(specify)*		OTHER HIGH DOSE	*(specify)*		DRUG-AGE/P
1.	*Severity Level X		1.	*All Drug Products		1.	*Severity Level
2.	*Severity Level D		2.			2.	
3.	*Severity Level 1		3.			3.	

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria

The DUR Board chose NDCs that infer a disease instead of using medical claims and ICD-9 diagnosis codes. Below are the criteria that were approved.

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Alcoholism	Disulfiram	Lifetime	Benzamphetamine Diethylpropion Fenfluramine MAO-Is Mazindol Phenmetrazine Phendimetrazine Phentermine Methotrexate Bexarotene
Alzheimer's	Tacrine	Lifetime	Aluminum
Arrhythmias	Procainamide	Lifetime	Dopamine Probucol Bepridil Itraconazole Ibutilide Dofetilide
Calcium Renal Calculi Prophylaxis	Cellulose sodium phosphate	Lifetime	Calcium phosphate Calcium carbonate

Chronic Angina Pectoris Agonists	Bepridil	Lifetime	Serotonin 5-HT1
			Yohimibine
			Aldesleukin
Congestive Heart Failure	Amirnone	Lifetime	Cyclobenzaprine
	Milrinone	Lifetime	MAO-Is
			Pargyline
			Procarbazine
			Sodium phos laxatives
			Propranolol
			Iothalamate
			Albumin
			Hetastarch
			Corticotropin
			Gold salt compounds
			Doxorubicin
			Metformin
			Itraconazole
			Daunorubicin
			Iodixanol
			Sibutramine
			Cilostazol

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 -- continued – Drug-Disease Criteria (continued)

Drug-Disease Criteria (continued)

INFERRED DISEASE DRUG(S)	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND
Cushing's Syndrome	Trilostane	Lifetime	Corticotropin
Diabetes Mellitus	Antidiabetic Drugs Acetohexamide Glipizide Glyburide Tolbutamide Tolazamide, etc Insulin	Lifetime	Lactulose
Diarrhea	Attapulgite Diphenoxylate/Atropine Kaolin/pectin/belladonna Opium/paregoric Loperamide	Finite	Magnesium Magaldrate Irinotecan Poliovirus vaccine
Epilepsy	Mephenytoin Doxapram Maprotiline Metoclopramide Piperazine	Lifetime	Bupropion
Hyperkalemia	Sodium polystyrene Sulfonate	Lifetime	Amiloride Potassium/sodium citrate Spironolactone Methazolamide Triamterene Acetazolamide Mesoridazine Dichlorphenamide
Hypertension	Alseroxylon Benazapril-Amlopdipine B-Blockers plus: Bendroflumethiazide Chlorthalidone HCTZ Losarten Moexipril	Lifetime	Benzamphetamine Diethylpropion Fenfluramine Mazindol Methylergonovine Phentermine Sodium phos laxatives Dozapram Phenmetrazine

Phendimetrazine
Dextrothyroxine
Anistlepase
Corticotropin
Gold salt

compounds

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE DRUG(S)	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND
Hyperthyroidism	Methimazole Propylthiouracil	Lifetime	Benzamphetamine Cyclobenzaprine Diethylproprion Phendimetrazine Phenmetrazine Phentermine Ritodrine Midodrine Arbutamine
Mental Depression	Amoxapine	Lifetime	Flurazepam Bupropion Diazepam MAO-I
Clomiphene			Nortriptyline
Metoclopramide			Venlafaxine
Interferon-Alpha 2B			
Myasthenia gravis	Ambenonium	Lifetime	Orphenadrine Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Doxacurium
Parkinsonism	Carbidopa/Levodopa Levodopa Pergolide Selegiline	Lifetime	Haloperidol Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Gramicidin
Peripheral Vascular Disease Dihydroergotamine	Pentoxiphylline	Lifetime	Methylergonovine
Agonists			Serotonin 5-HT1

Pheochromocytoma	Metyrosine	Lifetime	MAO-Is Metoclopramide Pargyline Droperidol Dopamine Metoclopramide Midodrine

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Prostatic Cancer	Busereline Estramustine Flutamide	Lifetime	Fluoxymesterone Methyltestosterone Nadrolone Oxandrolone Oxymetholone Prasterone Testosterone HCG Hormone
Psychotic disorders	Acetophenazine Molindone Promazine Thiothixene Trifluoperazine	Lifetime	Mazindol Flurazepam
Tuberculosis	Capreomycine Pyrazinamide	Lifetime	Infliximab
Urinary tract infection	Cinoxacine Methenamine Naladixic acid Nitrofurantoin	Finite	BCG live Potassium/Sodium citrate
Ventricular arrhythmias	Encainide Esmolol Flecainide Mexiletine Moralizing Sotalol Oceanside	Lifetime	Bepridil Dopamine Probucol Itraconazole Ibutilide Dofetilide
Wilson's Disease	Turpentine	Lifetime	Copper supplements

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.2 Therapeutic Duplication Alert Criteria

Class Code	Description
	Cardiovascular Agents
A1C	Inotropic Drugs
A2A	Antiarrythmics
A4A	Hypotensives, Vasodilators
A4B	Hypotensives, Sympatholytic
A4C	Hypotensives, Ganglionic Blockers
A4E	Hypotensives, Veratrum Alkaloids
A4Y	Hypotensives, Miscellaneous
A7A	Vasoconstrictors, Arteriolar
A7B	Vasodilators, Coronary
A7C	Vasodilators, Peripheral
A7D	Vasodilators, Peripheral (continued)
Z4D	Prostacyclines
	ACE Inhibitors and Antagonists
A4D	Hypotensives, ACE Inhibitors
A4F	Hypotensives, Angiotensin Receptor Antagonists
A4K	ACE Inhibitor/Calcium Channel Blocker Combination
	Calcium Channel Blocking Agents
A9A	Calcium Channel Blockers
	H2-Antagonists
D4E	Anti-Ulcer Preparations
D4F	Anti-Ulcer H. Pylori Agents
Z2D	Histamine H2-Receptor Inhibitors
	Phenothiazines
H2G	Anti-Psychotics, Phenothiazines
H2I	Anti-Psychotics, Phenothiazines (continued)
	Antidepressants
H2J	Antidepressants
H2K	Antidepressants Combinations
H2N	Antidepressants (continued)
H2S	Serotonin Specific Reuptake Inhibitors (SSRIs)
H2U	Tricyclic Antidepressants & Rel. Non-Sel. Reuptake Inhibitors
H2W	Tricyclic Antidepressants/Phenothiazine Comb
H2X	Tricyclic Antidepressants/Benzodiazepine Comb
H2Y	Tricyclic Antidepressants/Non-Phenothiazine comb.
H7A	Tricyclic ADP/Phenothiazine/Benzodiazepines
H7B	Alpha-2 Receptor Antagonist Antidepressants
H7C	Serotonin-Norepinephrine Reuptake Inhibitors
H7D	Norepinephrine & Dopamine Reuptake Inhibitors
H7E	Serotonin 2-Antagonist/Reuptake Inhibitors
H7F	Selective Norepinephrine Reuptake Inhibitors

H7G	Serotonin and Dopamine Reuptake Inhibitors
H7H	Serotonin Specific Reuptake Inhibitor/Ergot Comb
H7I	Antidepressant/Barb/Belladonna Alkaloid Comb

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria

Class Code	Description
	Antidepressants - continued –
H7J	MAOIs-Non Selective and Irreversible
H7K	MAOIs-A Selective and Reversible (RIMA)
H7L	MAOIs N-S & Irreversible/Phenothiazine Comb
H7M	Antidepressant/Carbamate Anxiolytic Combination
	Narcotic Analgesics
H3A	Analgesics, Narcotics
H3B	Analgesics, Narcotics (continued)
H3H	Analgesics Narcotic, Anesthetic Adjunct Agents
	Non-Narcotic Analgesics
H3C	Analgesics, Non-Narcotics
H3E	Analgesics/Antipyretics, Non-Salicylates
H3F	Antimigraine Preparations
H3G	Analgesics, Miscellaneous
	Alpha and Beta Blockers
J7A	Alpha/Beta-Adrenergic Blocking Agents
J7B	Alpha-Adrenergic Blocking Agents
J7C	Beta-Adrenergic Blocking Agents
J7D	Beta-Adrenergic Blocking Agents (continued)
J7E	Alpha-Adrenergic Blocking Agent/Thiazide Comb
	Anti-Lipidemics
M4E	Lipotropics
M4F	Lipotropics (continued)
	Diuretics
R1B	Osmotic Diuretics
R1C	Inorganic Slat Diuretics
R1D	Mercurial Diuretics
R1E	Carbonic Anhydrase Inhibitors
R1F	Thiazide and Related Diuretics
R1G	Thiazide and Related Diuretics (continued)
R1H	Potassium Sparing Diuretics
R1J	Aminouracil Diuretics
R1K	Diuretics, Miscellaneous
R1L	Potassium Sparing Diuretics in Combination
R1M	Loop Diuretics
	NSAIDS and Salicylates
S2B	NSAIDS, Cyclooxygenase Inhibitor Type
S2D	NSAIDS, Cyclooxygenase Inhibitor Type (continued)

S2E	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2H	Anti-Inflammatory/Antiarthritic Agents, Misc.
S2I	Anti-Inflammatory, Pyrididine Synthesis Inhibitors
S2L	NSAIDS, Cyclooxygenase 2 Inhibitor Type
S7C	Skeletal Muscle Relaxant & Salicylates Combination
H3D	Analgesics/Antipyretics, Salicylates

TABLE 1 ProDUR Criteria --continued—

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria -- (continued)

Therapeutic Duplication Alert Criteria (continued)

Class Code	Description
	Antimicrobial Products
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and Derivatives
W1F	Aminoglycosides
W1G	Antitubercular Antibiotics
W1H	Aminocyclitols
W1I	Penicillins (continued)
W1J	Vancomycin and Derivatives
W1K	Lincosamides
W1L	Antibiotics, Miscellaneous, Other
W1M	Streptogramins
W1N	Polymyxin and Derivatives
W1O	Oxazolidinones
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-Lactamase Inhibitors
W1S	Carbapenams (Thienamycins)
W1T	Cephalosporins (continued)
W1U	Quinolones (continued)
W1V	Steroidal Antibiotics
W1W	Cephalosporins – 1st Generation
W1X	Cephalosporins – 2nd Generation
W1Y	Cephalosporins – 3rd Generation
W2A	Absorbable Sulfonamides
W2B	Nonabsorbable Sulfonamides
W2C	Absorbable Sulfonamides (continued)
W2E	Nitrofuran Derivatives
W2Y	Anti-Infectives, Misc. (Antibacterials)

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TABLE 1.B PRIOR AUTHORIZATION (PA) CRITERIA

DD – Drug-Drug Interaction PA Criteria

The DUR Board approved to move to hard edits that require PA for Severity Level 1 interactions beginning 1/15/2003.

ER - Early Refill Alert PA Criteria

Implemented 7/1/2002, Early Refill editing is in place and all edits are hard edits ***except*** for those drugs or classes in the table below. Hard edits require a Prior Authorization before claims payment. Exceptions to this (online override and Ignore / Inactive) are in the table below:

Class Description	Alert Status (A-POS Override; I-Inactive)
Q6I Eye Antibiotic-Corticoid Combinations	A
Q6R Eye Antihistamines	A
Q6P Eye Anti-inflammatory Agents	A
Q6Y Eye Preparations, Miscellaneous (OTC)	A
Q6S Eye Sulfonamides	A
M0F Factor IX Preparations	A
Q6G Miotics/Other Intraoc. Pressure Reducers	A
Q6W Ophthalmic Antibiotics	A
Q6U Ophthalmic Mast Cell Stabilizers	A
Q6A Ophthalmic Preparations, Miscellaneous	A
WG8 Antiseptics, General	I
X5B/X5E Bandages and Related Supplies	I
Y5A Braces and Related Devices	I
W1I Chemotherapy Rescue/Antidote Agents	I
Y9A Diabetic Supplies	I
C5F/C5T Dietary Supplement, Miscellaneous	I
Y3A Durable Medical Equipment, Misc. (Group 1)	I
Y3C Durable Medical Equipment, Misc. (Group 2)	I
Y0A Durable Medical Equipment, Miscellaneous	I
X4B Incontinence Supplies	I

C5C Infant Formulas	I
W8F Irrigants	I
X5A, X5C, X6A, X8P, X8V Medical Supplies	I
X2A Needles/Needle less Devices	I
C5U Nutritional Therapy, Med Cond Special Formulation	I
X3A Ostomy Supplies	I
Y7A Respiratory Aids, Devices, Equipment	I
X2B Syringes and Accessories	I

TABLE 1.B PA Criteria --continued--

TD –Therapeutic Duplication PA Criteria
(Implemented 7/22/2003; Removed from PA to pharmacist overridable edit on 6/2004)

Angiotensin Converting Enzyme Inhibitors (ACEIS)
Angiotensin Receptor Blockers (ARBS)
Calcium Channel Blocking Agents
Anti-Hyperlipidemics
Osmotic Diuretics
Inorganic Salt Diuretics
Mercurial Diuretics
Carbonic Anhydrase Inhibitors
Thiazide and Related Diuretics
Potassium-Sparing Diuretics
Aminouracil Diuretics
Potassium-Sparing Diuretics in Combination
Loop Diuretics
Penicillins
Tetracyclines
Macrolides
Chloamphenicol and Derivatives
Aminoglycosides
Antitubercular Antibiotics
Streptogramins
Aminocyclitols
Vancomycin and Derivatives
Lincosamides
Polymyxin and Derivatives
Oxazolidinediones
Betalactams
Quinolones
Beta-Lactamase Inhibitors

Carbapenems (Thienamycins)
Cephalosporins – 1st Generation
Cephalosporins – 2nd Generation
Cephalosporins – 3rd Generation
Cephalosporins – 4th Generation
Absorbable Sulfonamides
Non-Absorbable Sulfonamides

TABLE 1.B PA Criteria --continued--

HD – High Dose PA Criteria

(Implemented 3/28/2003: Removed from PA to pharmacist overridable edit on 6/2004)

Exceptions (covered by specific PDL edits): Hydrocodone/APAP
Oxycodone/APAP
Oxycodone

Exemptions from Hard Edits or PA's (Soft Overridable Edits at Point of Sale by Pharmacists):

Class Code	Descriptions
J5D	Beta-Adrenergic Agents
Q8B	Ear Preparations, Misc Anti-infectives
Q8W	Ear Preparations, Antibiotics
Q8H	Ear Preparations, Local Anesthetics
Q6I	Eye Antibiotic-Corticoid Combinations
Q6R	Eye Antihistamines
Q6P	Eye Anti-inflammatory Agents
Q6V	Eye Antivirals
Q6H	Eye Local Anesthetics
Q6S	Eye Sulfonamides
Q6C	Eye Vasoconstrictors (Rx only)
Q6G	Miotics/Other Intraoc. Pressure Reducers
H2A	Central Nervous System Stimulants
J1B	Cholinesterase Inhibitors
32480, 32481	Guanfacine HCl
01390, 01391, 01392	Clonidine HCl
H2H, H7L, H7K, H7J	Monoamine Oxidase (MAO) Inhibitors
H2E, H2Q	Selective-Hypnotics, Non-Barbiturate
H2S, H7H	Serotonin Specific Reuptake Inhibitor
H7E	Serotonin-2 Antagonist/Reuptake Inhibitors
H7C	Serotonin-Norepinephrine Reuptake-Inhibitor
H2X	Tricyclic Antidepressant/Benzodiazepine Combinations
H2W	Tricyclic Antidepressant/Phenothiazine Combinations
H2U	Tricyclic Antidepressant & Rel. Non-Sel. Reuptake Inhibit
H2L, H2O	Anti-Psychotics, Non-Phenothiazines
H2G, H2I	Anti-Psychotics, Phenothiazines
H4B, H4C	Anticonvulsants
H7P	Barbiturates
A9A	Calcium Channel Blocking Agents
Q6W	Ophthalmic Antibiotics
Q6U	Ophthalmic Mast Cell Stabilizers
Q6A	Ophthalmic Preparations, Miscellaneous
H2F, H2P	Anti-Anxiety Drugs
H2M	Anti-Mania Drugs
H2V	Anti-Narcolepsy/Anti-Hyperkinesis Agents

TABLE 1.B PA Criteria --continued--

MX – Inappropriate Duration PA Criteria

34-Day Supply Limit for Non-Maintenance Medications PA Criteria
(Implemented 7/1/2002)

All non-maintenance drug claims associated with the PDL requiring quantities greater than a 34-day supply will deny and require PA at the pharmacy POS. As with BMN, two distinct PAs will be required for claim approval, one for the PDL and one for the 34-day supply limitation. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than a 34-day supply of the product.

All non-maintenance drug claims not associated with the PDL requiring quantities greater than a 34-day supply denies at the pharmacy POS and PA is required. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than the 34-day supply of the product.

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TABLE 1.C

Miscellaneous Prior Authorization Programs

Explanatory note: As referenced in prior DUR Annual Reports, the first formal Indiana Medicaid drug prior authorization program was implemented as the "Indiana Rational Drug Program , or IRDP. Subsequently, a Preferred Drug List (PDL) was phased in over Federal Fiscal Years 2003 and 2004, and many of the components of the IRDP were incorporated into the PDL. Some discrete former components of the IRDP have been maintained apart from the PDL, are referred to as "Miscellaneous Prior Authorization Programs , and are as follows:

Carafate (Sucralfate):

PA for all sucralfate
Exclusions: 590 Program recipients

Cytotec:

PA for all Cytotec
Exclusions: 590 Program recipients

Growth Hormone:

PA for all growth hormones
Exclusions: 590 Program recipients

Azithromycin:

PA for Azithromycin products (tabs/caps/liquids) with days supply greater than 5 days.
5 days supply limitation per 10-day period.
Exclusion: 590 Program recipients

Lactulose:

All Lactulose Products
Exclusion: 590 Program recipients

Synagis and Respigam

All products – PA approved only between 10/15 – 4/30 annually for maximum of 6 doses.
Exclusion: 590 Program recipients

Brand Medically Necessary:

PA for all innovator, multiple-sourced drugs, and GPI 2 or 3 with State or Federal MAC rate
Exclusions: 590 Program recipients; Claims for Coumadin, Provera, Synthroid; Tegretol;

Lanoxin; Premarin; Dilantin, and claims with 06 override for BMN, and days supply of 4 or less.

Table 2
Retrospective DUR Criteria CMS FFY 2004 - INDIANA MEDICAID

TABLE 2. RETROSPECTIVE DUR CRITERIA

(Check All Relevant Boxes)

	DRUG PROBLEM TYPE									
THERAPEUTIC CATEGORY	**ID** Insuf Dose	**IDU** Duratio n	**OU** OverUs e	**UU** UnderUs e	**DDI** Drug/Dru g	**DDC** Drug/D z	**TD** TherDu p	**AG** AppGe n	**O**[1] TherAp	
OPIATES			Oct 03							
SMOOTH MUSCLE RELAXERS			Oct 03				Nov0 3			
LIPOTROPICS										
SSRIs							Dec 03			
ALLEGRA									Dec 03 Jan 04	
BENZODIAZEPINES										
ANTIDEPRESSANTS							Dec 03			
ATYPICAL ANTIPSYCH. & PAXIL CR										
OTHER (specify) All drugs BRAND W/ GENERIC AVAILABLE								Feb 04		
OTHER (specify) SEDATIVE HYPNOTICS			Apr 04 May 04							

OTHER (specify) _NARCOTICS			Sep 04							
OTHER (specify) _NASAL CORTICOSTEROIDS								Jun 04		
OTHER (specify) COX-2S										S

PROBLEM TYPE KEY

ID	= Insufficient DOSE	DDI	= Drug/ Drug Interaction
IDU	= Incorrect Duration	DDC	= Drug/ Disease Contradiction
OU	= Over Utilization	TD	= Therapeutic Duplication
UU	= Under Utilization	AG	= Appropriate Use of Generics

O = Other Problem Type
Specify (1) Therapeutic Appropriateness (2) Dose Optimization (3) Lock-In (Gross Overuse)

Attachment 1
Pharmacy Survey Information

ATTACHMENT 1. PHARMACY SURVEY INFORMATION

Monitoring Pharmacy Compliance with OBRA '90 Prospective DUR Requirements

Prospective DUR (ProDUR)

Indiana Medicaid does not require use of the electronic claims management point-of-sale (POS)/ProDUR system by Indiana Medicaid Pharmacy providers, but those that do use the system have the benefit of the ProDUR information at the POS, but must take appropriate action before the claim will pay.

ProDUR alerts require review by the pharmacy providers and result in a payable claim , depending on action taken by the pharmacist upon posting of a given ProDUR alert. Some ProDUR alerts result in a stopped claim that will not pay unless prior authorization is obtained.

Patient counseling portion of ProDUR

The Indiana Board of Pharmacy, in coordination with Indiana Medicaid, promulgated patient counseling regulations *(copy enclosed on next page)* that became effective January 1, 1993. These regulations ensure that pharmacists offer ProDUR counseling.

Indiana Board of Pharmacy is the controlling authority over the patient counseling regulations portion of OBRA ’90. The Board of Pharmacy inspects pharmacies and measures conformance with patient counseling requirements. See copy of inspection form (see attachment on page 29). The Indiana Board of Pharmacy has requested that the Consumer Protection Division of the Indiana Office of the Attorney General forward all consumer complaints regarding patient counseling activities directly to the Board of Pharmacy. Joshua M. Bolin, Director, Indiana Board of Pharmacy reviewed all relevant records and determined that no complaints against pharmacists or pharmacies had been filed due to a lack of patient counseling during FFY2004.

Additionally, according to the ACS/Indiana Medicaid program pharmacy educator for FFY 2003, Mr. Harold Ross R.Ph., all pharmacies, with a few exceptions, are following the OBRA'90 requirements for oral counseling. Mr. Ross has lectured to pharmacists and continually works with all pharmacies in the state to educate pharmacists on proper documentation methods for oral counseling.

ATTACHMENT 1 –continued–

Indiana Administrative Code RE: Counseling

TITLE 856 INDIANA BOARD OF PHARMACY

Last Updated February 1, 2004

ARTICLE 1. PHARMACIES AND PHARMACISTS

Rule 33. Counseling

Title 856 IAC 1-33-1 "Counseling" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 1. As used in this rule, "counseling means effective communication, by a pharmacist, of information in order to improve therapeutic outcomes by maximizing the proper use of prescription medications and devices. *(Indiana Board of Pharmacy; 856 IAC 1-33-1; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330)*

856 IAC 1-33-2 Patient counseling requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-16

Sec. 2. (a) Upon the receipt of a prescription or upon the subsequent refilling of a prescription, and following a review of the patient's prescription medication profile, the pharmacist shall be responsible for the initiation of an offer to discuss matters (counsel) which, in the pharmacist's professional judgment, are significant to optimizing drug therapy. Depending upon the situation, these matters may include, but are not necessarily limited to, the following:

(1) The name and description of the medicine.

(2) The route, dosage form, dosage, route of administration, and duration of drug therapy.

(3) Special directions and precautions.

(4) Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.

(5) Techniques for self-monitoring drug therapy.

(6) Proper storage.

(7) Prescription refill information.

(8) Action to be taken in the event of a missed dose.

(b) Counseling shall be in person, whenever practicable, or through access to a telephone service which is toll free for long distance calls, and be held with the patient, the patient's caregiver, or the patient's representative.

(c) Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include, written information leaflets, pictogram labels, and video programs. Nothing in this subsection shall be construed to mean that supplements may be a substitute for verbal counseling when verbal counseling is practicable.

(d) Nothing in this rule shall be construed as requiring a pharmacist to provide counseling when a patient refuses the offer to counsel. *(Indiana Board of Pharmacy; 856 IAC 1-33-2; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330)*

CMS FFY 2004 - INDIANA MEDICAID DUR PROGRAMS

INDIANA BOARD OF PHARMACY
INSPECTION REPORT
State Form 35890 (RA4/3-95)

Name of pharmacy

Address *(number and street, city, state, ZIP code)*

Today's date and time	County	Telephone number	DEA number	
CSR number	I.D. number	Type	Total weekly hours	Gen. appearance	Open for bus.

	NAMES OF PHARMACISTS EMPLOYED	LICENSE NO.	PRESENT ABSENT	WEEKLY HOURS	LICENSE CURRENT
MANAGER					
OTHERS					

	YES	NO
1. Are all certificates properly displayed, current and correct?		
2. Is the pharmacy equipped as required by law?		
3. Are Rx files properly kept?		
Including name and address of patient filed numerically and chronologically?		
Retained over a period of 2 years?		
Indicate type of filing system used:		
4. Are refills of Rx properly recorded?		
Where?		
5. Are Rxs being refilled beyond date of validity?		
6. Are refills being properly documented?		
7. If Sch. II Emer. Rx filled, are proper records kept?		
8. How do you handle return medications?		
9. Is proper Rx format used (i.e. *generic law*)?		
Are generic substitutions properly documented?		
10. Date of last inventory:		
11. Are federal DEA order forms properly kept?		
12. Pharmacy documents *(orders, invoices, sales to doctors)* reviewed?		
Any deficiencies found?		
If yes, what?		
13. Schedule V register kept?		
Entries for the last 3 months:		
14. Are Schedule V sales controlled by the pharmacist?		
15. Are current reference books and laws available?		
16. Are pharmacy technicians used?		
How many?		
Are pharmacy technicians operating within the scope of the law/regulations?		
Records of technicians and training reviewed?		
17. Are all pharmaceuticals in date and stored as required?		
18. Previous violations been corrected since last inspection?		
19. Is computer in use? Type:		
20. Are computer records properly kept?		
Including on line retrieval of Rx status?		
Printout of Rx order and refill data for each day's dispensing?		
21. Are all Rxs verified by pharmacist?		
22. Are Rx transfers properly performed?		
23. OBRA compliance?		
Are patient profiles maintained?		
Patient counseling being offered?		
24. Is practice of site consistent with permit type?		

All irregularities in number or type of Rxs on file and other comments:

Signature of owner, Pharmacist or employee

Signature of inspector

Attachment 2:
ProDUR Activity

CMS FFY 2004 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 2.1.A ProDUR ACTIVITY SUMMARY REPORT

ALL DRUG CONFLICT CODES SUMMARY

RXRQ4098-R001

FEDERAL FISCAL YEAR 10-01-2003 TO 09-30-2004

	CONFLICT		CLAIMS PAID		CLAIMS	DENY
CLAIMS OVR	CLAIMS	CLAIMS TOT	CONFLICT CODES			
MESSAGES	PAID PCT	DENIED	PCT OVERIDDEN	PCT	REVERSED	
SCREENED PCT						
DC - DRUG-DISEASE (INFERRED)		21,482	18,228	84.8	3,254	15.1
17,336 95.1	34	3,605,932	0.5			
DD - DRUG-DRUG INTERACTION		2,314,204	2,205,825	95.3	108,379	4.6
71,493 3.2	72,583	18,416,522	12.5			
ER - OVERUSE - EARLY REFILL		124,116	123,865	99.7	251	0.2
7,379 5.9	1,242	19,145,299	0.6			
HD - HIGH DOSE		204,888	149,255	72.8	55,633	27.1
102,506 68.6	49	17,810,451	1.1			
ID - INGREDIENT DUPLICATION		557,826	557,826	100.0	0	0.0
102,502 18.3	26,711	17,461,873	3.1			
LD - LOW DOSE		236,621	236,621	100.0	0	0.0
5,595 2.3	14,310	17,631,640	1.3			
LR - UNDERUSE		1,514,260	1,514,260	100.0	0	0.0
72,052 4.7	45,256	19,228,833	7.8			
MX - EXCESSIVE DURATION		20	20	100.0	0	0.0
3 15.0	1	562,812	0.0			
PA - DRUG-AGE		34,946	26,927	77.0	8,019	22.9
26,776 99.4	8	7,312,133	0.4			
PG - DRUG-PREGNANCY		14,550	10,658	73.2	3,892	26.7
10,592 99.3	0	5,937,557	0.2			
SX - DRUG-GENDER		2,041	2,041	100.0	0	0.0
45 2.2	120	561,580	0.3			
TD - THERAPEUTIC DUPLICATION		1,091,082	1,091,082	100.0	0	0.0
323,580 29.6	43,371	19,087,843	5.7			
6,116,036	5,936,608	97.0	179,428	2.9	739,859 12.4	203,685
19,824,762 30.8						
*******UNIQUE TOTAL SUMMARY**		**5,206,713**	**5,062,757**	**97.2**	**143,956**	**2.7**
628,291 12.4	**170,710**	**19,824,762**	**26.2**			

PLEASE NOTE:

1. A Claim Is Counted As Denied Only If It Is Not Followed By A Paid Claim For The Same Individual/Date Of Service/Drug Combination.

2. A Claim Is Counted As Reversed Only If It Has Been Reversed Within 24 Hours (A Same Day Reversal).

3. A Denied Claim Is Counted As Denied Only Once If Followed By Multiple Denies For The Same Individual/Date Of Service/Drug Combination.

4. RQ4098 reports the activity of **ALL** conflict codes, whereas, MU1000 reports only conflict codes where savings occur; therefore, the two reports, MU1000 and RQ4098 are not always comparable, and paid and reversed claim numbers will not always match.

ATTACHMENT 2.1.B. ProDUR Activity Detail: DUR Conflict Code by Therapeutic Class

DRUG CONFLICT CODE: DC or DRUG-DISEASE (INFERRED)

FISCAL YEAR 2003-10-01 - 2004-09-30

CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT MESSAGES PCT	CLAIMS PAID PAID	CLAIMS PAID PCT	CLAIMS DENY DENIED	CLAIMS DENY PCT
A2A - ANTIARRHYTHMICS				16	12	75.0	4	25.0
12	100.0	0	25,631	0.0				
A4F - HYPOTENSIVES,ANGIOTENSIN RECE				3	2	66.6	1	33.3
2	100.0	0	130,675	0.0				
A4K - ACE INHIBITOR/CALCIUM CHANNEL				7	7	100.0	0	0.0
7	100.0	0	33,400	0.0				
C0B - WATER				5	2	40.0	3	60.0
0	0.0	0	2,867	0.1				
C1A - ELECTROLYTE DEPLETERS				133	123	92.4	10	7.5
121	98.3	0	28,061	0.4				
C1B - SODIUM/SALINE PREPARATIONS				129	129	100.0	0	0.0
3	2.3	24	21,366	0.6				
C1D - POTASSIUM REPLACEMENT				2	2	100.0	0	0.0
0	0.0	0	246,076	0.0				
C1F - CALCIUM REPLACEMENT				13	13	100.0	0	0.0
0	0.0	0	158,391	0.0				
C1H - MAGNESIUM SALTS REPLACEMENT				122	61	50.0	61	50.0
53	86.8	0	9,681	1.2				
C5B - PROTEIN REPLACEMENT				238	237	99.5	1	0.4
1	0.4	4	2,446	9.7				
C5J - IV SOLUTIONS: DEXTROSE-WATER				10	10	100.0	0	0.0
0	0.0	0	2,608	0.3				
C6Z - MULTIVITAMIN PREPARATIONS				2	2	100.0	0	0.0
0	0.0	0	260,920	0.0				
D4K - GASTRIC ACID SECRETION REDUCE				2	1	50.0	1	50.0
0	0.0	0	757,263	0.0				
D6D - ANTIDIARRHEALS				159	131	82.3	28	17.6
130	99.2	0	42,897	0.3				
F1A - ANDROGENIC AGENTS				1	0	0.0	1	100.0
0	0.0	0	5,106	0.0				
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT				296	232	78.3	64	21.6
226	97.4	0	145,287	0.2				
H2F - ANTI-ANXIETY DRUGS				8,254	6,889	83.4	1,365	16.5
6,732	97.7	0	478,444	1.7				
H2U - TRICYCLIC ANTIDEPRESSANTS & R				604	473	78.3	131	21.6
450	95.1	0	135,847	0.4				
H3F - ANTIMIGRAINE PREPARATIONS				9	5	55.5	4	44.4
5	100.0	0	56,497	0.0				
H6A - ANTIPARKINSONISM DRUGS,OTHER				219	191	87.2	28	12.7
188	98.4	0	68,289	0.3				
H6H - SKELETAL MUSCLE RELAXANTS				133	105	78.9	28	21.0
105	100.0	0	251,071	0.0				
H7C - SEROTONIN-NOREPINEPHRINE REUP				3,059	2,550	83.3	509	16.6
2,452	96.1	0	127,842	2.3				
H7D - NOREPINEPHRINE AND DOPAMINE R				804	667	82.9	137	17.0
637	95.5	0	106,999	0.7				
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG				320	291	90.9	29	9.0
283	97.2	0	32,394	0.9				
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG				5	2	40.0	3	60.0
2	100.0	0	5,885	0.0				
J8A - ANOREXIC AGENTS				16	0	0.0	16	100.0
0	0.0	0	2,541	0.6				
J9A - INTESTINAL MOTILITY STIMULANT				6,277	5,508	87.7	769	12.2
5,394	97.9	0	74,435	8.4				
M9P - PLATELET AGGREGATION INHIBITO				4	2	50.0	2	50.0
2	100.0	0	132,853	0.0				
P0A - FERTILITY STIMULATING PREPARA				12	0	0.0	12	100.0
0	0.0	0	138	8.6				
P1E - ADRENOCORTICOTROPHIC HORMONES				1	1	100.0	0	0.0
1	100.0	0	58	1.7				
P3L - ANTITHYROID PREPARATIONS				30	26	86.6	4	13.3
26	100.0	0	4,261	0.7				
Q5W - TOPICAL ANTIBIOTICS				35	32	91.4	3	8.5
32	100.0	0	81,984	0.0				
Q6W - OPHTHALMIC ANTIBIOTICS				179	170	94.9	9	5.0
170	100.0	0	54,230	0.3				

R1E - CARBONIC ANHYDRASE INHIBITORS						5		5	100.0		0	0.0
	5	100.0		0	4,686	0.1						
R1H - POTASSIUM SPARING DIURETICS						205		186	90.7		19	9.2
	184	98.9		0	52,179	0.3						
S2C - GOLD SALTS						12		11	91.6		1	8.3
	11	100.0		0	147	8.1						
S2H - ANTI-INFLAMMATORY/ANTIARTHRIT						1		0	0.0		1	100.0
	0	0.0		0	479	0.2						
V1B - ANTIMETABOLITES						3		3	100.0		0	0.0
	2	66.6		0	13,022	0.0						
V1J - ANTIANDROGENIC AGENTS						2		1	50.0		1	50.0
	1	100.0		0	1,024	0.1						
W1F - AMINOGLYCOSIDES						130		124	95.3		6	4.6
	83	66.9		6	6,086	2.1						
W1N - POLYMYXIN AND DERIVATIVES						7		6	85.7		1	14.2
	0	0.0		0	166	4.2						
W2F - NITROFURAN DERIVATIVES						1		1	100.0		0	0.0
	1	100.0		0	36,938	0.0						
Z2G - IMMUNOMODULATORS						17		15	88.2		2	11.7
	15	100.0		0	4,762	0.3						
DC -DRUG-DISEASE (INFERRED)						**21,482**		**18,228**	**84.8**		**3,254**	**15.1**
17,336	**95.1**		**34**	**3,605,932**	**0.5**							

DRUG CONFLICT CODE DD or DRUG-DRUG INTERACTION

FISCAL YEAR 2003-10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A1A - DIGITALIS GLYCOSIDES	1,876	3.2	1,270	114,076	51.4	58,684	57,156	97.3	1,528	2.6
A1B - XANTHINES	28	0.6	196	29,337	15.3	4,506	4,374	97.0	132	2.9
A1C - INOTROPIC DRUGS	0	0.0	0	93	3.2	3	3	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	0	0.0	4	38,948	0.1	54	52	96.2	2	3.7
A2A - ANTIARRHYTHMICS	127	1.1	329	25,631	44.8	11,499	11,026	95.8	473	4.1
A4A - HYPOTENSIVES,VASODILATORS	84	4.2	84	14,851	13.7	2,038	1,961	96.2	77	3.7
A4B - HYPOTENSIVES,SYMPATHOLYTIC	874	5.0	513	104,085	17.3	18,027	17,429	96.6	598	3.3
A4D - HYPOTENSIVES, ACE INHIBITORS	2,328	1.6	3,526	433,615	34.4	149,562	140,049	93.6	9,513	6.3
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	233	0.9	1,091	130,675	23.4	30,661	23,837	77.7	6,824	22.2
A4K - ACE INHIBITOR/CALCIUM CHANNEL	52	0.6	270	33,400	27.9	9,329	8,484	90.9	845	9.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	11	0.3	104	15,359	24.1	3,709	3,611	97.3	98	2.6
A7B - VASODILATORS,CORONARY	4	16.6	0	173,639	0.0	24	24	100.0	0	0.0
A7C - VASODILATORS,PERIPHERAL	0	0.0	0	740	0.4	3	3	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	1,721	2.7	1,499	308,828	20.9	64,806	62,074	95.7	2,732	4.2
B1B - PULMONARY ANTI-HTN, ENDOTHELI	0	0.0	3	542	3.8	21	13	61.9	8	38.0
B3J - EXPECTORANTS	13	1.0	84	171,350	0.8	1,442	1,294	89.7	148	10.2
B3K - COUGH AND/OR COLD PREPARATION	59	1.3	293	210,073	2.2	4,648	4,522	97.2	126	2.7
C0B - WATER	0	0.0	0	2,867	0.3	11	10	90.9	1	9.0
C0D - ANTI-ALCOHOLIC PREPARATIONS	0	0.0	5	1,117	4.2	48	48	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	3	13.0	0	994	2.5	25	23	92.0	2	8.0
C1A - ELECTROLYTE DEPLETERS	62	1.9	371	28,061	11.5	3,238	3,152	97.3	86	2.6
C1B - SODIUM/SALINE PREPARATIONS	1	0.5	4	21,366	0.8	185	183	98.9	2	1.0
C1D - POTASSIUM REPLACEMENT	374	0.4	2,084	246,076	31.9	78,649	76,806	97.6	1,843	2.3
C1F - CALCIUM REPLACEMENT	35	0.0	1,121	158,391	32.2	51,032	50,057	98.0	975	1.9
C1H - MAGNESIUM SALTS REPLACEMENT	28	3.5	52	9,681	14.1	1,370	783	57.1	587	42.8
C1P - PHOSPHATE REPLACEMENT	0	0.0	0	908	5.3	49	28	57.1	21	42.8
C3B - IRON REPLACEMENT	138	0.6	689	122,855	18.4	22,648	21,691	95.7	957	4.2
C3C - ZINC REPLACEMENT	0	0.0	22	16,153	6.2	1,009	999	99.0	10	0.9
C3H - IODINE CONTAINING AGENTS	0	0.0	1	346	6.9	24	24	100.0	0	0.0
C3M - MINERAL REPLACEMENT,MISCELLAN	0	0.0	1	121	3.3	4	4	100.0	0	0.0
C4G - INSULINS	430	0.5	4,085	253,565	34.3	87,203	85,292	97.8	1,911	2.1
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	303	0.4	2,598	175,433	40.0	70,233	68,040	96.8	2,193	3.1
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	19	1.4	61	115,512	1.1	1,367	1,335	97.6	32	2.3

THERAPEUTIC CLASS	CLAIMS OVERRIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	6	1.4	35	2,778	15.5	431	424	98.3	7	1.6
C4N - HYPOGLYCEMICS, INSULIN-RESPON	70	0.4	512	108,855	14.9	16,252	14,257	87.7	1,995	12.2
C5B - PROTEIN REPLACEMENT	0	0.0	5	2,446	6.2	154	154	100.0	0	0.0
C5C - INFANT FORMULAS	0	0.0	0	979	0.2	2	0	0.0	2	100.0
C5F - DIETARY SUPPLEMENT, MISCELLAN	0	0.0	0	4,343	0.3	17	0	0.0	17	100.0
C5J - IV SOLUTIONS: DEXTROSE-WATER	1	0.8	2	2,608	4.5	118	116	98.3	2	1.6
C5K - IV SOLUTIONS: DEXTROSE-SALINE	0	0.0	1	3,216	0.2	9	9	100.0	0	0.0
C6B - VITAMIN B PREPARATIONS	2	0.3	17	21,550	2.7	602	590	98.0	12	1.9
C6E - VITAMIN E PREPARATIONS	1	0.0	20	36,411	3.6	1,317	1,295	98.3	22	1.6
C6F - PRENATAL VITAMIN PREPARATIONS	318	16.1	111	79,759	2.5	2,039	1,973	96.7	66	3.2
C6G - GERIATRIC VITAMIN PREPARATION	0	0.0	14	4,458	9.1	407	372	91.4	35	8.5
C6H - PEDIATRIC VITAMIN PREPARATION	0	0.0	25	17,416	2.1	370	361	97.5	9	2.4
C6K - VITAMIN K PREPARATIONS	0	0.0	23	1,818	29.7	541	524	96.8	17	3.1
C6L - VITAMIN B12 PREPARATIONS	1	0.2	26	27,391	1.8	498	490	98.3	8	1.6
C6M - FOLIC ACID PREPARATIONS	6	0.1	72	49,276	8.0	3,986	3,923	98.4	63	1.5
C6N - NIACIN PREPARATIONS	3	0.3	71	2,166	36.9	800	772	96.5	28	3.5
C6Q - VITAMIN B6 PREPARATIONS	0	0.0	2	5,707	1.9	113	113	100.0	0	0.0
C6Z - MULTIVITAMIN PREPARATIONS	31	0.1	374	260,920	7.5	19,659	19,409	98.7	250	1.2
C7A - HYPERURICEMIA TX - PURINE INH	60	1.5	75	30,902	12.6	3,912	3,777	96.5	135	3.4
C8A - METALLIC POISON,AGENTS TO TRE	0	0.0	3	908	5.2	48	48	100.0	0	0.0

DRUG CONFLICT CODE DD or DRUG-DRUG INTERACTION

FISCAL YEAR 2003-10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERRIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
D1A - PERIODONTAL COLLAGENASE INHIB	0	0.0	11	917	23.5	216	211	97.6	5	2.3
D4B - ANTACIDS	11	0.1	294	43,013	20.2	8,708	8,501	97.6	207	2.3
D4E - ANTI-ULCER PREPARATIONS	7	0.5	65	17,779	9.3	1,667	1,360	81.5	307	18.4
D4F - ANTI-ULCER-H.PYLORI AGENTS	1	0.8	7	2,567	13.3	342	124	36.2	218	63.7
D4K - GASTRIC ACID SECRETION REDUCE	40	0.6	340	757,263	0.8	6,610	5,934	89.7	676	10.2
D5A - FAT ABSORPTION DECREASING AGE	0	0.0	0	672	0.1	1	0	0.0	1	100.0
D6D - ANTIDIARRHEALS	51	2.3	99	42,897	5.3	2,276	2,216	97.3	60	2.6
D6F - DRUG TX-CHRONIC INFLAM. COLON	4	1.2	25	7,445	4.5	342	330	96.4	12	3.5
D6S - LAXATIVES AND CATHARTICS	39	0.4	250	397,998	2.3	9,334	8,953	95.9	381	4.0
D7L - BILE SALT SEQUESTRANTS	1	0.0	137	9,674	28.4	2,752	2,236	81.2	516	18.7
D8A - PANCREATIC ENZYMES	0	0.0	0	8,448	0.0	1	0	0.0	1	100.0
F1A - ANDROGENIC AGENTS	0	0.0	8	5,106	2.1	110	106	96.3	4	3.6
F2A - DRUGS TO TREAT IMPOTENCY	0	0.0	0	3,811	5.7	219	0	0.0	219	100.0
G1A - ESTROGENIC AGENTS	52	0.6	252	92,551	8.7	8,068	7,890	97.7	178	2.2
G1B - ESTROGEN/ANDROGEN COMBINATION	0	0.0	9	3,594	5.7	207	130	62.8	77	37.1

G3A - OXYTOCICS					1	0	0.0	1	100.0		
0	0.0	0	802	0.1							
G8A - CONTRACEPTIVES,ORAL					8,159	7,973	97.7	186	2.2		
129	1.6	254	93,092	8.7							
G8C - CONTRACEPTIVES,INJECTABLE					33	32	96.9	1	3.0		
0	0.0	0	15,145	0.2							
G8F - CONTRACEPTIVES,TRANSDERMAL					1,098	1,067	97.1	31	2.8		
22	2.0	37	31,615	3.4							
G9B - CONTRACEPTIVES, INTRAVAGINAL,					99	95	95.9	4	4.0		
2	2.1	5	2,423	4.0							
H0A - LOCAL ANESTHETICS					920	874	95.0	46	5.0		
4	0.4	60	11,696	7.8							
H0E - AGENTS TO TREAT MULTIPLE SCLE					17	16	94.1	1	5.8		
0	0.0	2	9,969	0.1							
H1A - ALZHEIMER'S THERAPY, NMDA REC					77	40	51.9	37	48.0		
13	32.5	0	11,355	0.6							
H2C - GENERAL ANESTHETICS,INJECTABL					8	5	62.5	3	37.5		
0	0.0	0	174	4.5							
H2D - BARBITURATES					6,841	6,719	98.2	122	1.7		
9	0.1	267	36,933	18.5							
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT					754	711	94.2	43	5.7		
66	9.2	30	145,287	0.5							
H2F - ANTI-ANXIETY DRUGS					24,136	23,045	95.4	1,091	4.5		
714	3.0	894	478,444	5.0							
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE					10,649	9,745	91.5	904	8.4		
1,641	16.8	357	42,071	25.3							
H2L - ANTI-PSYCHOTICS,NON-PHENOTHIA					1	0	0.0	1	100.0		
0	0.0	0	17	5.8							
H2M - ANTI-MANIA DRUGS					18,000	17,509	97.2	491	2.7		
82	0.4	985	39,979	45.0							
H2S - SELECTIVE SEROTONIN REUPTAKE					133,061	129,830	97.5	3,231	2.4		
3,556	2.7	3,978	718,922	18.5							
H2U - TRICYCLIC ANTIDEPRESSANTS & R					38,775	37,905	97.7	870	2.2		
653	1.7	1,378	135,847	28.5							
H2V - TX FOR ATTENTION DEFICIT-HYPE					2,957	2,858	96.6	99	3.3		
180	6.2	171	145,088	2.0							
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN					905	882	97.4	23	2.5		
39	4.4	41	2,671	33.8							
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ					302	297	98.3	5	1.6		
1	0.3	11	916	32.9							
H3A - ANALGESICS,NARCOTICS					51,350	46,228	90.0	5,122	9.9		
10,000	21.6	1,562	1,534,357	3.3							
H3D - ANALGESIC/ANTIPYRETICS, SALIC					42,946	42,039	97.8	907	2.1		
760	1.8	971	202,853	21.1							
H3E - ANALGESIC/ANTIPYRETICS,NON-SA					4,121	3,936	95.5	185	4.4		
189	4.8	256	233,331	1.7							
H3F - ANTIMIGRAINE PREPARATIONS					7,682	6,408	83.4	1,274	16.5		
203	3.1	677	56,497	13.5							
H3H - ANALGESICS NARCOTIC, ANESTHET					5	5	100.0	0	0.0		
0	0.0	1	28	17.8							
H3T - NARCOTIC ANTAGONISTS					41	8	19.5	33	80.4		
1	12.5	0	2,812	1.4							
H4B - ANTICONVULSANTS					118,680	116,721	98.3	1,959	1.6		
2,073	1.7	4,406	878,301	13.5							
H6A - ANTIPARKINSONISM DRUGS,OTHER					7,054	6,764	95.8	290	4.1		
99	1.4	151	68,289	10.3							
H6B - ANTIPARKINSONISM DRUGS,ANTICH					17,229	16,738	97.1	491	2.8		
57	0.3	473	65,015	26.5							
H6C - ANTITUSSIVES,NON-NARCOTIC					2	1	50.0	1	50.0		
0	0.0	0	17,677	0.0							
H6H - SKELETAL MUSCLE RELAXANTS					31,988	30,533	95.4	1,455	4.5		
1,307	4.2	1,231	251,071	12.7							
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS					4,897	4,698	95.9	199	4.0		
95	2.0	353	88,322	5.5							
H7B - ALPHA-2 RECEPTOR ANTAGONIST A					868	836	96.3	32	3.6		
43	5.1	45	108,049	0.8							
H7C - SEROTONIN-NOREPINEPHRINE REUP					4,331	4,146	95.7	185	4.2		
690	16.6	129	127,842	3.3							
H7D - NOREPINEPHRINE AND DOPAMINE R					16,175	15,790	97.6	385	2.3		
374	2.3	717	106,999	15.1							
H7E - SEROTONIN-2 ANTAGONIST/REUPTA					36,430	35,823	98.3	607	1.6		
380	1.0	1,139	125,422	29.0							
H7J - MAOIS - NON-SELECTIVE & IRREV					45	38	84.4	7	15.5		
1	2.6	3	268	16.7							
H7N - SMOKING DETERRENTS, OTHER					120	102	85.0	18	15.0		
8	7.8	15	1,716	6.9							

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H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	1,380	12.8	416	32,394	11,196	34.5	10,705	95.6	491	4.3
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	29	6.3	19	5,885	466	7.9	460	98.7	6	1.2
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP	6	33.3	1	641	55	8.5	18	32.7	37	67.2
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	12	9.6	22	866	131	15.1	125	95.4	6	4.5
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	14,637	28.1	1,708	767,674	54,968	7.1	52,048	94.6	2,920	5.3
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	47	4.3	51	3,969	1,109	27.9	1,077	97.1	32	2.8
H7W - ANTI-NARCOLEPSY & ANTI-CATAPL	4	66.6	0	343	32	9.3	6	18.7	26	81.2
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	79	1.1	357	52,439	6,817	12.9	6,639	97.3	178	2.6
H7Y - TX FOR ATTENTION DEFICIT-HYPE	49	1.7	115	74,253	2,800	3.7	2,745	98.0	55	1.9
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	22	2.2	130	2,718	1,012	37.2	983	97.1	29	2.8
J1A - PARASYMPATHETIC AGENTS	0	0.0	0	4,629	2	0.0	2	100.0	0	0.0
J1B - CHOLINESTERASE INHIBITORS	8	3.4	15	102,555	235	0.2	231	98.2	4	1.7
J2A - BELLADONNA ALKALOIDS	3	0.2	60	19,020	1,405	7.3	1,134	80.7	271	19.2
J2B - ANTICHOLINERGICS,QUATERNARY A	1	0.8	5	6,719	208	3.0	118	56.7	90	43.2
J2D - ANTICHOLINERGICS/ANTISPASMODI	4	0.2	39	19,030	1,490	7.8	1,462	98.1	28	1.8
J5A - ADRENERGIC AGENTS,CATECHOLAMI	0	0.0	2	128	30	23.4	28	93.3	2	6.6
J5B - ADRENERGICS, AROMATIC, NON-CA	198	6.4	259	111,938	3,167	2.8	3,078	97.1	89	2.8
J5D - BETA-ADRENERGIC AGENTS	193	0.9	958	413,428	21,774	5.2	20,993	96.4	781	3.5
J5E - SYMPATHOMIMETIC AGENTS	4	2.7	12	12,649	169	1.3	145	85.7	24	14.2
J5F - ANAPHYLAXIS THERAPY AGENTS	2	0.4	34	3,876	488	12.5	470	96.3	18	3.6
J5G - BETA-ADRENERGICS AND GLUCOCOR	199	3.3	194	77,251	6,291	8.1	5,929	94.2	362	5.7
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	373	3.9	363	42,415	10,441	24.6	9,380	89.8	1,061	10.1
J7B - ALPHA-ADRENERGIC BLOCKING AGE	41	5.8	31	29,452	731	2.4	706	96.5	25	3.4
J7C - BETA-ADRENERGIC BLOCKING AGEN	3,167	3.3	2,286	340,721	96,706	28.3	93,302	96.4	3,404	3.5
J8A - ANOREXIC AGENTS	0	0.0	0	2,541	643	25.3	0	0.0	643	100.0
J9A - INTESTINAL MOTILITY STIMULANT	6	4.1	5	74,435	153	0.2	143	93.4	10	6.5
J9B - ANTISPASMODIC AGENTS	0	0.0	0	281	78	27.7	33	42.3	45	57.6
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC	0	0.0	0	405	2	0.4	0	0.0	2	100.0
L1B - ACNE AGENTS,SYSTEMIC	1	10.0	0	819	40	4.8	10	25.0	30	75.0
L3A - PROTECTIVES	0	0.0	1	2,957	8	0.2	5	62.5	3	37.5
L3P - ANTIPRURITICS,TOPICAL	0	0.0	19	1,313	239	18.2	235	98.3	4	1.6
L5G - ROSACEA AGENTS, TOPICAL	0	0.0	0	3,589	2	0.0	1	50.0	1	50.0
L6A - IRRITANTS/COUNTER-IRRITANTS	0	0.0	0	3,607	8	0.2	0	0.0	8	100.0
M4B - IV FAT EMULSIONS	0	0.0	0	93	1	1.0	1	100.0	0	0.0
M4E - LIPOTROPICS	6,128	12.4	1,086	460,856	56,180	12.1	49,170	87.5	7,010	12.4
M4G - HYPERGLYCEMICS	0	0.0	8	6,068	270	4.4	264	97.7	6	2.2
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	0	0.0	6	262	39	14.8	37	94.8	2	5.1
M9F - THROMBOLYTIC ENZYMES	0	0.0	1	160	38	23.7	38	100.0	0	0.0

M9K - HEPARIN AND RELATED PREPARATI					4,948		4,839	97.7		109	2.2
	10	0.2		320	25,217	19.6					
M9L - ORAL ANTICOAGULANTS,COUMARIN					75,982		74,181	97.6		1,801	2.3
	613	0.8		2,640	163,698	46.4					
M9P - PLATELET AGGREGATION INHIBITO					24,757		23,872	96.4		885	3.5
	53	0.2		500	132,853	18.6					
M9S - HEMORRHEOLOGIC AGENTS					52		51	98.0		1	1.9
	4	7.8		0	9,699	0.5					
P1B - SOMATOSTATIC AGENTS					7		7	100.0		0	0.0
	0	0.0		0	611	1.1					
P1F - PITUITARY SUPPRESSIVE AGENTS					13		5	38.4		8	61.5
	4	80.0		0	2,826	0.4					
P3A - THYROID HORMONES					74,360		73,160	98.3		1,200	1.6
	259	0.3		2,077	271,569	27.3					
P3L - ANTITHYROID PREPARATIONS					1,266		1,227	96.9		39	3.0
	19	1.5		74	4,261	29.7					
P4L - BONE RESORPTION INHIBITORS					178		175	98.3		3	1.6
	0	0.0		6	141,267	0.1					
P5A - GLUCOCORTICOIDS					29,616		28,744	97.0		872	2.9
	296	1.0		1,193	240,742	12.3					
P5S - MINERALOCORTICOIDS					348		337	96.8		11	3.1
	6	1.7		11	5,126	6.7					
P6A - PINEAL HORMONE AGENTS					16		0	0.0		16	0.0
	0	0.0		0	148	10.8					
Q3A - RECTAL PREPARATIONS					533		444	83.3		89	16.6
	1	0.2		19	10,418	5.1					
Q3B - RECTAL/LOWER BOWEL PREP.,GLUC					11		11	100.0		0	0.0
	0	0.0		4	173	6.3					
Q3D - HEMORRHOIDAL PREPARATIONS					65		64	98.4		1	1.5
	0	0.0		3	2,272	2.8					
Q3E - CHRONIC INFLAM. COLON DX, 5-A					22		22	100.0		0	0.0
	0	0.0		4	629	3.4					
Q3H - HEMORRHOIDALS, LOCAL RECTAL A					3		3	100.0		0	0.0
	0	0.0		1	386	0.7					

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Q4F - VAGINAL ANTIFUNGALS						499	468	93.7	31	6.2
4	0.8		51	15,051	3.3					
Q4K - VAGINAL ESTROGEN PREPARATIONS						4	4	100.0	0	0.0
0	0.0		0	6,462	0.0					
Q4W - VAGINAL ANTIBIOTICS						3	0	0.0	3	100.0
0	0.0		0	9,778	0.0					
Q5F - TOPICAL ANTIFUNGALS						7	6	85.7	1	14.2
0	0.0		0	128,245	0.0					
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE						44	39	88.6	5	11.3
0	0.0		3	19,429	0.2					
Q5W - TOPICAL ANTIBIOTICS						9	2	22.2	7	77.7
0	0.0		0	81,984	0.0					
Q6C - EYE VASOCONSTRICTORS (RX ONLY						23	18	78.2	5	21.7
0	0.0		5	232	9.9					
Q6D - EYE VASOCONSTRICTORS (OTC ONL						18	17	94.4	1	5.5
0	0.0		2	477	3.7					
Q6G - MIOTICS/OTHER INTRAOC. PRESSU						4,068	3,909	96.0	159	3.9
24	0.6		194	69,738	5.8					
Q6J - MYDRIATICS						3	3	100.0	0	0.0
0	0.0		1	3,096	0.0					
Q6P - EYE ANTIINFLAMMATORY AGENTS						162	159	98.1	3	1.8
0	0.0		8	14,151	1.1					
Q7C - NOSE PREPARATIONS, VASOCONSTR						4	4	100.0	0	0.0
0	0.0		0	19	21.0					
Q7D - NOSE PREPARATIONS, VASOCONSTR						15	0	0.0	15	100.0
0	0.0		0	526	2.8					
Q7P - NASAL ANTI-INFLAMMATORY STERO						1,049	983	93.7	66	6.2
5	0.5		46	93,507	1.1					
Q7Y - NOSE PREPARATIONS, MISCELLANE						2	1	50.0	1	50.0
0	0.0		0	4,466	0.0					
Q9B - BENIGN PROSTATIC HYPERTROPHY/						22	15	68.1	7	31.8
0	0.0		1	32,430	0.0					
R1A - URINARY TRACT ANTISPASMODIC/A						2,836	2,760	97.3	76	2.6
16	0.5		75	113,631	2.4					
R1E - CARBONIC ANHYDRASE INHIBITORS						551	506	91.8	45	8.1
7	1.3		29	4,686	11.7					
R1F - THIAZIDE AND RELATED DIURETIC						25,165	24,321	96.6	844	3.3
227	0.9		893	113,796	22.1					
R1H - POTASSIUM SPARING DIURETICS						22,206	21,468	96.6	738	3.3
297	1.3		471	52,179	42.5					
R1L - POTASSIUM SPARING DIURETICS I						29,634	28,840	97.3	794	2.6
52	0.1		715	67,818	43.6					
R1M - LOOP DIURETICS						148,226	142,400	96.0	5,826	3.9
3,408	2.3		2,842	391,953	37.8					
R1R - URICOSURIC AGENTS						364	350	96.1	14	3.8
0	0.0		16	916	39.7					
R1S - URINARY PH MODIFIERS						199	196	98.4	3	1.5
2	1.0		11	3,468	5.7					
R5A - URINARY TRACT ANESTHETIC/ANAL						82	77	93.9	5	6.0
8	10.3		17	10,700	0.7					
S2A - COLCHICINE						218	212	97.2	6	2.7
0	0.0		10	6,276	3.4					
S2B - NSAIDS, CYCLOOXYGENASE INHIBI						102,553	90,372	88.1	12,181	11.8
3,397	3.7		2,302	502,197	20.4					
S2I - ANTI-INFLAMMATORY, PYRIMIDINE						412	404	98.0	8	1.9
5	1.2		15	2,237	18.4					
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO						12	10	83.3	2	16.6
0	0.0		0	38	31.5					
S2P - NSAID, COX INHIBITOR-TYPE & P						244	217	88.9	27	11.0
3	1.3		52	1,622	15.0					
U5B - HERBAL DRUGS						10	0	0.0	10	100.0
0	0.0		0	103	9.7					
U6E - OINTMENT/CREAM BASES						1	1	100.0	0	0.0
0	0.0		0	630	0.1					
U6H - SOLVENTS						2	2	100.0	0	0.0
0	0.0		0	9,030	0.0					
U6N - VEHICLES						16	16	100.0	0	0.0
0	0.0		2	26,724	0.0					

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U6W - BULK CHEMICALS	5	1.7	19	3,751	8.8	333	285	85.5	48	14.4
V1A - ALKYLATING AGENTS	0	0.0	3	2,565	0.5	14	12	85.7	2	14.2
V1B - ANTIMETABOLITES	15	0.4	209	13,022	28.9	3,766	3,626	96.2	140	3.7
V1F - ANTINEOPLASTICS,MISCELLANEOUS	8	33.3	1	4,297	1.1	51	24	47.0	27	52.9
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	1	2.8	8	955	3.8	37	35	94.5	2	5.4
V1T - SELECTIVE ESTROGEN RECEPTOR M	2	0.3	15	8,499	7.5	640	614	95.9	26	4.0
W1A - PENICILLINS	99	1.3	383	373,786	2.1	7,886	7,562	95.8	324	4.1
W1B - CEPHALOSPORINS	0	0.0	0	7	28.5	2	0	0.0	2	100.0
W1C - TETRACYCLINES	220	2.3	395	49,280	19.7	9,728	9,414	96.7	314	3.2
W1D - MACROLIDES	132	1.1	642	206,640	5.8	12,110	11,110	91.7	1,000	8.2
W1F - AMINOGLYCOSIDES	52	3.0	120	6,086	29.4	1,792	1,726	96.3	66	3.6
W1G - ANTITUBERCULAR ANTIBIOTICS	7	1.3	68	1,575	33.9	534	514	96.2	20	3.7
W1J - VANCOMYCIN AND DERIVATIVES	0	0.0	0	7,780	0.0	1	1	100.0	0	0.0
W1K - LINCOSAMIDES	0	0.0	0	14,912	0.0	1	1	100.0	0	0.0

DRUG CONFLICT CODE DD or DRUG-DRUG INTERACTION

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
W1N - POLYMYXIN AND DERIVATIVES	0	0.0	0	166	13.2	22	22	100.0	0	0.0
W1O - OXAZOLIDINONES	53	13.1	36	2,339	29.4	690	404	58.5	286	41.4
W1Q - QUINOLONES	1,771	5.0	1,553	164,377	22.7	37,434	35,293	94.2	2,141	5.7
W1W - CEPHALOSPORINS - 1ST GENERATI	7	2.8	9	125,959	0.2	258	244	94.5	14	5.4
W1X - CEPHALOSPORINS - 2ND GENERATI	1	2.4	7	35,145	0.1	51	41	80.3	10	19.6
W1Y - CEPHALOSPORINS - 3RD GENERATI	18	3.5	22	59,392	0.8	528	511	96.7	17	3.2
W1Z - CEPHALOSPORINS - 4TH GENERATI	0	0.0	0	898	15.0	135	129	95.5	6	4.4
W2A - ABSORBABLE SULFONAMIDES	17	0.2	284	79,284	10.4	8,300	8,021	96.6	279	3.3
W2E - ANTI-MYCOBACTERIUM AGENTS	38	22.4	11	2,111	8.2	174	169	97.1	5	2.8
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	2	0.8	12	3,839	6.5	251	242	96.4	9	3.5
W3A - ANTIFUNGAL ANTIBIOTICS	77	9.3	29	30,483	3.0	931	824	88.5	107	11.4
W3B - ANTIFUNGAL AGENTS	133	1.4	555	61,208	16.3	10,019	8,966	89.4	1,053	10.5
W4A - ANTIMALARIAL DRUGS	30	0.9	113	33,420	9.3	3,135	3,028	96.5	107	3.4
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	37	3.9	41	30,614	3.1	969	934	96.3	35	3.6
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	0	0.0	0	277	0.7	2	2	100.0	0	0.0
W4P - ANTILEPROTICS	0	0.0	1	1,590	2.0	33	33	100.0	0	0.0
W5A - ANTIVIRALS, GENERAL	0	0.0	0	32,827	0.0	3	3	100.0	0	0.0

W5B - ANTIVIRALS, HIV-SPECIFIC, OTH						1	0	0.0	1	100.0		
0	0.0	0		1	0.0							
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO						1,339	1,273	95.0	66	4.9		
30	2.3	95		4,665	28.7							
W5G - HEPATITIS C TREATMENT AGENTS						41	22	53.6	19	46.3		
2	9.0	2		6,485	0.6							
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC						599	570	95.1	29	4.8		
1	0.1	30		3,363	17.8							
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC						533	496	93.0	37	6.9		
1	0.2	38		10,643	5.0							
W5K - ANTIVIRALS, HIV-SPECIFIC, NON						294	281	95.5	13	4.4		
1	0.3	22		4,931	5.9							
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO						5	1	20.0	4	80.0		
1	100.0	0		4,268	0.1							
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO						781	747	95.6	34	4.3		
9	1.2	83		2,835	27.5							
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS						8	8	100.0	0	0.0		
0	0.0	1		52	15.3							
W7C - INFLUENZA VIRUS VACCINES						1	0	0.0	1	100.0		
0	0.0	0		6,420	0.0							
W7M - GRAM (-) BACILLI (NON-ENTERIC						2	0	0.0	2	100.0		
0	0.0	0		4	50.0							
W8D - OXIDIZING AGENTS						69	69	100.0	0	0.0		
0	0.0	0		805	8.5							
W8F - IRRIGANTS						50	46	92.0	4	8.0		
0	0.0	0		12,197	0.4							
W8H - MOUTHWASHES						1	0	0.0	1	100.0		
0	0.0	0		59	1.6							
W9A - KETOLIDES						145	42	28.9	103	71.0		
9	21.4	2		877	16.5							
X1C - INTRA-UTERINE DEVICES (IUD'S)						3	0	0.0	3	100.0		
0	0.0	0		67	4.4							
Z1E - ANTIOXIDANT AGENTS						21	0	0.0	21	100.0		
0	0.0	0		283	7.4							
Z2A - ANTIHISTAMINES						15,497	14,977	96.6	520	3.3		
374	2.4	668		555,440	2.7							
Z2E - IMMUNOSUPPRESSIVES						5,449	5,188	95.2	261	4.7		
128	2.4	432		28,349	19.2							
Z2G - IMMUNOMODULATORS						1	1	100.0	0	100.0		
0	0.0	0		4,762	0.0							
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI						274	269	98.1	5	1.8		
0	0.0	14		123,438	0.2							
DD - DRUG-DRUG INTERACTION						**2,314,204**	**2,205,825**	**95.3**	**108,379**	**4.6**		
71,493	**3.2**	**72,583**		**18,416,522**	**12.5**							

DRUG CONFLICT CODE ER or OVERUSE - EARLY REFILL

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THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A1A - DIGITALIS GLYCOSIDES	36	3.3	4	114,076	0.9	1,069	1,069	100.0	0	0.0
A1B - XANTHINES	7	5.1	3	29,337	0.4	135	135	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	9	8.6	1	38,948	0.2	104	104	100.0	0	0.0
A2A - ANTIARRHYTHMICS	2	0.7	3	25,631	1.0	265	265	100.0	0	0.0
A4A - HYPOTENSIVES,VASODILATORS	1	0.8	2	14,851	0.8	123	123	100.0	0	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	136	15.7	26	104,085	0.8	865	864	99.8	1	0.1
A4D - HYPOTENSIVES, ACE INHIBITORS	60	1.9	15	433,615	0.7	3,085	3,079	99.8	6	0.1
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	7	1.5	2	130,675	0.3	444	444	100.0	0	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	0	0.0	0	33,400	0.2	69	69	100.0	0	0.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	2	3.9	0	15,359	0.3	51	51	100.0	0	0.0
A7B - VASODILATORS,CORONARY	39	3.2	5	173,639	0.6	1,195	1,195	100.0	0	0.0
A7C - VASODILATORS,PERIPHERAL	0	0.0	0	740	1.3	10	10	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	56	2.3	9	308,828	0.7	2,387	2,387	100.0	0	0.0
B0A - GENERAL INHALATION AGENTS	0	0.0	0	8,408	0.2	19	19	100.0	0	0.0
B3A - MUCOLYTICS	1	5.5	0	3,065	0.5	18	18	100.0	0	0.0
B3J - EXPECTORANTS	5	1.1	3	171,350	0.2	418	418	100.0	0	0.0
B3K - COUGH AND/OR COLD PREPARATION	65	44.5	6	210,073	0.0	146	146	100.0	0	0.0
C0B - WATER	0	0.0	0	2,867	0.9	26	26	100.0	0	0.0
C0D - ANTI-ALCOHOLIC PREPARATIONS	0	0.0	0	1,117	0.0	1	1	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	3	33.3	0	994	0.9	9	9	100.0	0	0.0
C1A - ELECTROLYTE DEPLETERS	16	6.7	10	28,061	0.8	236	236	100.0	0	0.0
C1B - SODIUM/SALINE PREPARATIONS	1	0.3	18	21,366	1.2	258	258	100.0	0	0.0
C1D - POTASSIUM REPLACEMENT	47	1.5	11	246,076	1.2	2,997	2,997	100.0	0	0.0
C1F - CALCIUM REPLACEMENT	5	0.2	4	158,391	1.4	2,304	2,304	100.0	0	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	0	0.0	0	9,681	0.1	18	18	100.0	0	0.0
C1W - ELECTROLYTE MAINTENANCE	0	0.0	0	3,400	0.0	2	2	100.0	0	0.0
C3B - IRON REPLACEMENT	23	1.7	7	122,855	1.0	1,348	1,348	100.0	0	0.0
C3C - ZINC REPLACEMENT	1	0.4	0	16,153	1.5	250	250	100.0	0	0.0
C4G - INSULINS	97	8.0	38	253,565	0.4	1,212	1,212	100.0	0	0.0
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	52	3.4	10	175,433	0.8	1,522	1,522	100.0	0	0.0
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	35	4.4	11	115,512	0.6	791	791	100.0	0	0.0
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	1	4.3	1	2,778	0.8	23	23	100.0	0	0.0
C4N - HYPOGLYCEMICS, INSULIN-RESPON	3	0.5	6	108,855	0.4	537	537	100.0	0	0.0
C5B - PROTEIN REPLACEMENT	0	0.0	1	2,446	0.2	6	6	100.0	0	0.0
C5J - IV SOLUTIONS: DEXTROSE-WATER	0	0.0	0	2,608	1.4	38	38	100.0	0	0.0

C5K - IV SOLUTIONS: DEXTROSE-SALINE					11	11	100.0	0	0.0		
	1	9.0	0	3,216	0.3						
C6B - VITAMIN B PREPARATIONS					99	99	100.0	0	0.0		
	2	2.0	0	21,550	0.4						
C6C - VITAMIN C PREPARATIONS					1,054	1,054	100.0	0	0.0		
	2	0.1	0	41,411	2.5						
C6D - VITAMIN D PREPARATIONS					35	35	100.0	0	0.0		
	1	2.8	1	6,664	0.5						
C6E - VITAMIN E PREPARATIONS					818	818	100.0	0	0.0		
	3	0.3	2	36,411	2.2						
C6F - PRENATAL VITAMIN PREPARATIONS					40	40	100.0	0	0.0		
	3	7.5	1	79,759	0.0						
C6G - GERIATRIC VITAMIN PREPARATION					2	2	100.0	0	0.0		
	0	0.0	0	4,458	0.0						
C6H - PEDIATRIC VITAMIN PREPARATION					55	55	100.0	0	0.0		
	4	7.2	1	17,416	0.3						
C6K - VITAMIN K PREPARATIONS					3	3	100.0	0	0.0		
	0	0.0	0	1,818	0.1						
C6L - VITAMIN B12 PREPARATIONS					246	246	100.0	0	0.0		
	1	0.4	1	27,391	0.8						
C6M - FOLIC ACID PREPARATIONS					345	345	100.0	0	0.0		
	2	0.5	0	49,276	0.7						
C6N - NIACIN PREPARATIONS					18	18	100.0	0	0.0		
	0	0.0	0	2,166	0.8						
C6Q - VITAMIN B6 PREPARATIONS					53	53	100.0	0	0.0		
	0	0.0	0	5,707	0.9						
C6T - VITAMIN B1 PREPARATIONS					113	113	100.0	0	0.0		
	1	0.8	0	8,547	1.3						
C6Z - MULTIVITAMIN PREPARATIONS					5,037	5,037	100.0	0	0.0		
	9	0.1	6	260,920	1.9						
C7A - HYPERURICEMIA TX - PURINE INH					214	214	100.0	0	0.0		
	3	1.4	0	30,902	0.6						
C7B - DECARBOXYLASE INHIBITORS					3	3	100.0	0	0.0		
	0	0.0	0	104	2.8						
C7D - METABOLIC DEFICIENCY AGENTS					7	7	100.0	0	0.0		
	0	0.0	2	2,966	0.2						
C8A - METALLIC POISON,AGENTS TO TRE					11	11	100.0	0	0.0		
	0	0.0	0	908	1.2						
D1A - PERIODONTAL COLLAGENASE INHIB					1	1	100.0	0	0.0		
	1	0.0	0	917	0.1						
D1D - DENTAL AIDS AND PREPARATIONS					54	54	100.0	0	0.0		
	0	0.0	0	16,795	0.3						

DRUG CONFLICT CODE ER or OVERUSE - EARLY REFILL

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CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
		D2A - FLUORIDE PREPARATIONS				9	9	100.0	0	0.0
1	11.1		0	7,781	0.1					
		D4B - ANTACIDS				250	250	100.0	0	0.0
4	1.6		1	43,013	0.5					
		D4E - ANTI-ULCER PREPARATIONS				69	69	100.0	0	0.0
1	1.4		2	17,779	0.3					
		D4G - GASTRIC ENZYMES				66	66	100.0	0	0.0
0	0.0		1	2,701	2.4					
		D4K - GASTRIC ACID SECRETION REDUCE				4,642	4,637	99.8	5	0.1
128	2.7		39	757,263	0.6					
		D4N - ANTIFLATULENTS				28	28	100.0	0	0.0
1	3.5		0	5,717	0.4					
		D6D - ANTIDIARRHEALS				129	127	98.4	2	1.5
8	6.2		1	42,897	0.3					
		D6E - IRRITABLE BOWEL SYND. AGENT,5				71	71	100.0	0	0.0
9	12.6		1	13,782	0.5					
		D6F - DRUG TX-CHRONIC INFLAM. COLON				45	45	100.0	0	0.0
5	11.1		1	7,445	0.6					
		D6S - LAXATIVES AND CATHARTICS				4,783	4,783	100.0	0	0.0
81	1.6		13	397,998	1.2					
		D7A - BILE SALTS				18	18	100.0	0	0.0
4	22.2		2	2,674	0.6					
		D7L - BILE SALT SEQUESTRANTS				20	20	100.0	0	0.0
1	5.0		0	9,674	0.2					
		D8A - PANCREATIC ENZYMES				51	51	100.0	0	0.0
2	3.9		3	8,448	0.6					
		D9A - AMMONIA INHIBITORS				28	28	100.0	0	0.0
1	3.5		0	6,893	0.4					
		F1A - ANDROGENIC AGENTS				21	21	100.0	0	0.0
2	9.5		2	5,106	0.4					
		F2A - DRUGS TO TREAT IMPOTENCY				3	3	100.0	0	0.0
1	33.3		0	3,811	0.0					
		G1A - ESTROGENIC AGENTS				310	310	100.0	0	0.0
15	4.8		4	92,551	0.3					
		G1B - ESTROGEN/ANDROGEN COMBINATION				1	1	100.0	0	0.0
0	0.0		0	3,594	0.0					
		G2A - PROGESTATIONAL AGENTS				59	59	100.0	0	0.0
6	10.1		3	12,377	0.4					
		G8A - CONTRACEPTIVES,ORAL				133	133	100.0	0	0.0
27	20.3		11	93,092	0.1					
		G8C - CONTRACEPTIVES,INJECTABLE				51	51	100.0	0	0.0
9	17.6		0	15,145	0.3					
		G8F - CONTRACEPTIVES,TRANSDERMAL				60	60	100.0	0	0.0
13	21.6		2	31,615	0.1					
		G9B - CONTRACEPTIVES, INTRAVAGINAL,				1	1	100.0	0	0.0
1	100.0		0	2,423	0.0					
		H0A - LOCAL ANESTHETICS				53	53	100.0	0	0.0
1	1.8		1	11,696	0.4					
		H0E - AGENTS TO TREAT MULTIPLE SCLE				20	20	100.0	0	0.0
1	5.0		0	9,969	0.2					
		H1A - ALZHEIMER'S THERAPY, NMDA REC				101	101	100.0	0	0.0
0	0.0		0	11,355	0.8					
		H2A - CENTRAL NERVOUS SYSTEM STIMUL				13	13	100.0	0	0.0
0	0.0		0	889	1.4					
		H2D - BARBITURATES				283	283	100.0	0	0.0
9	3.1		6	36,933	0.7					
		H2E - SEDATIVE-HYPNOTICS,NON-BARBIT				566	562	99.2	4	0.7
118	20.9		15	145,287	0.3					
		H2F - ANTI-ANXIETY DRUGS				2,947	2,852	96.7	95	3.2
251	8.8		36	478,444	0.6					
		H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE				280	280	100.0	0	0.0
94	33.5		10	42,071	0.6					
		H2M - ANTI-MANIA DRUGS				317	317	100.0	0	0.0
21	6.6		8	39,979	0.7					
		H2S - SELECTIVE SEROTONIN REUPTAKE				5,299	5,299	100.0	0	0.0
492	9.2		55	718,922	0.7					
		H2U - TRICYCLIC ANTIDEPRESSANTS & R				475	465	97.8	10	2.1
68	14.6		6	135,847	0.3					
		H2V - TX FOR ATTENTION DEFICIT-HYPE				371	371	100.0	0	0.0
109	29.3		18	145,088	0.2					

THERAPEUTIC CLASS	CLAIMS OVERRIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	1	14.2	0	2,671	0.2	7	7	100.0	0	0.0
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	0	0.0	0	916	0.1	1	1	100.0	0	0.0
H3A - ANALGESICS,NARCOTICS	609	13.2	60	1,534,357	0.2	4,598	4,597	99.9	1	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	9	0.2	4	202,853	1.8	3,753	3,753	100.0	0	0.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	56	2.1	3	233,331	1.1	2,570	2,570	100.0	0	0.0
H3F - ANTIMIGRAINE PREPARATIONS	3	42.8	1	56,497	0.0	7	7	100.0	0	0.0
H3T - NARCOTIC ANTAGONISTS	3	15.0	0	2,812	0.7	20	20	100.0	0	0.0
H4B - ANTICONVULSANTS	1,045	11.3	199	878,301	1.0	9,186	9,186	100.0	0	0.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	39	3.6	6	68,289	1.5	1,059	1,058	99.9	1	0.0
H6B - ANTIPARKINSONISM DRUGS,ANTICH	12	2.7	3	65,015	0.6	433	433	100.0	0	0.0
H6C - ANTITUSSIVES,NON-NARCOTIC	0	0.0	0	17,677	0.1	30	30	100.0	0	0.0
H6H - SKELETAL MUSCLE RELAXANTS	147	12.7	21	251,071	0.4	1,157	1,151	99.4	6	0.5
H6I - AMYOTROPHIC LATERAL SCLEROSIS	0	0.0	0	246	4.4	11	11	100.0	0	0.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	6	2.6	0	88,322	0.2	224	224	100.0	0	0.0
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	55	3.5	19	108,049	1.4	1,548	1,548	100.0	0	0.0
H7C - SEROTONIN-NOREPINEPHRINE REUP	206	20.5	14	127,842	0.8	1,037	1,002	96.6	35	3.3
H7D - NOREPINEPHRINE AND DOPAMINE R	73	18.8	4	106,999	0.3	397	387	97.4	10	2.5
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	95	9.1	17	125,422	0.8	1,042	1,042	100.0	0	0.0
H7J - MAOIS - NON-SELECTIVE & IRREV	0	0.0	0	268	0.7	2	2	100.0	0	0.0
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	66	22.8	4	32,394	0.8	290	289	99.6	1	0.3
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	11	16.9	1	5,885	1.1	65	65	100.0	0	0.0

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THERAPEUTIC CLASS	CLAIMS OVERRIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP	0	0.0	0	641	1.5	10	10	100.0	0	0.0
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	5	71.4	1	866	0.8	7	7	100.0	0	0.0
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	1,409	18.8	107	767,674	0.9	7,479	7,478	99.9	1	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	8	25.8	0	3,969	0.7	31	31	100.0	0	0.0
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	29	7.3	11	52,439	0.7	397	397	100.0	0	0.0
H7Y - TX FOR ATTENTION DEFICIT-HYPE	26	13.6	8	74,253	0.2	190	190	100.0	0	0.0
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	1	50.0	0	2,718	0.0	2	2	100.0	0	0.0
J1A - PARASYMPATHETIC AGENTS	0	0.0	3	4,629	0.3	18	18	100.0	0	0.0
J1B - CHOLINESTERASE INHIBITORS	19	0.9	3	102,555	2.0	2,080	2,080	100.0	0	0.0
J2A - BELLADONNA ALKALOIDS	0	0.0	2	19,020	0.2	44	44	100.0	0	0.0
J2B - ANTICHOLINERGICS,QUATERNARY A	6	14.2	1	6,719	0.6	42	42	100.0	0	0.0
J2D - ANTICHOLINERGICS/ANTISPASMODI	1	1.1	1	19,030	0.4	90	90	100.0	0	0.0
J3A - SMOKING DETERRENT AGENTS (GAN	0	0.0	0	16,916	0.0	4	4	100.0	0	0.0
J5B - ADRENERGICS, AROMATIC, NON-CA	115	35.9	20	111,938	0.2	320	320	100.0	0	0.0

J5D - BETA-ADRENERGIC AGENTS					1,023	1,022	99.9	1	0.0
	90	8.8	37	413,428	0.2				
J5E - SYMPATHOMIMETIC AGENTS					52	52	100.0	0	0.0
	0	0.0	0	12,649	0.4				
J5F - ANAPHYLAXIS THERAPY AGENTS					1	1	100.0	0	0.0
	0	0.0	0	3,876	0.0				
J5G - BETA-ADRENERGICS AND GLUCOCOR					113	113	100.0	0	0.0
	19	16.8	0	77,251	0.1				
J5H - ADRENERGIC VASOPRESSOR AGENTS					30	30	100.0	0	0.0
	1	3.3	0	2,514	1.1				
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN					231	231	100.0	0	0.0
	7	3.0	0	42,415	0.5				
J7B - ALPHA-ADRENERGIC BLOCKING AGE					283	283	100.0	0	0.0
	8	2.8	1	29,452	0.9				
J7C - BETA-ADRENERGIC BLOCKING AGEN					2,594	2,591	99.8	3	0.1
	58	2.2	18	340,721	0.7				
J9A - INTESTINAL MOTILITY STIMULANT					659	613	93.0	46	6.9
	108	17.6	5	74,435	0.8				
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.					847	847	100.0	0	0.0
	2	0.2	2	57,113	1.4				
L0C - DIABETIC ULCER PREPARATIONS,T					4	4	100.0	0	0.0
	0	0.0	0	1,473	0.2				
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC					9	9	100.0	0	0.0
	0	0.0	0	405	2.2				
L1B - ACNE AGENTS,SYSTEMIC					2	2	100.0	0	0.0
	0	0.0	0	819	0.2				
L2A - EMOLLIENTS					52	51	98.0	1	1.9
	0	0.0	0	20,630	0.2				
L3A - PROTECTIVES					16	16	100.0	0	0.0
	2	12.5	0	2,957	0.5				
L3P - ANTIPRURITICS,TOPICAL					1	1	100.0	0	0.0
	0	0.0	0	1,313	0.0				
L5A - KERATOLYTICS					10	10	100.0	0	0.0
	0	0.0	0	7,188	0.1				
L5E - ANTISEBORRHEIC AGENTS					14	14	100.0	0	0.0
	1	7.1	0	9,609	0.1				
L5F - ANTIPSORIATICS AGENTS					12	12	100.0	0	0.0
	0	0.0	1	4,148	0.2				
L5G - ROSACEA AGENTS, TOPICAL					17	17	100.0	0	0.0
	1	5.8	0	3,589	0.4				
L6A - IRRITANTS/COUNTER-IRRITANTS					12	12	100.0	0	0.0
	0	0.0	0	3,607	0.3				
L9A - TOPICAL AGENTS,MISCELLANEOUS					2	2	100.0	0	0.0
	0	0.0	0	2,350	0.0				
M0E - ANTIHEMOPHILIC FACTORS					7	7	100.0	0	0.0
	0	0.0	0	1,104	0.6				
M4B - IV FAT EMULSIONS					1	1	100.0	0	0.0
	0	0.0	0	93	1.0				
M4E - LIPOTROPICS					1,731	1,731	100.0	0	0.0
	40	2.3	8	460,856	0.3				
M4G - HYPERGLYCEMICS					6	6	100.0	0	0.0
	0	0.0	0	6,068	0.0				
M9D - ANTIFIBRINOLYTIC AGENTS					1	1	100.0	0	0.0
	0	0.0	0	191	0.5				
M9K - HEPARIN AND RELATED PREPARATI					214	214	100.0	0	0.0
	0	0.0	1	25,217	0.8				
M9L - ORAL ANTICOAGULANTS,COUMARIN					2,807	2,807	100.0	0	0.0
	169	6.0	27	163,698	1.7				
M9P - PLATELET AGGREGATION INHIBITO					1,109	1,109	100.0	0	0.0
	8	0.7	7	132,853	0.8				
M9S - HEMORRHEOLOGIC AGENTS					57	57	100.0	0	0.0
	0	0.0	1	9,699	0.5				
N1B - HEMATINICS,OTHER					151	151	100.0	0	0.0
	1	0.6	0	19,219	0.7				
N1D - PLATELET REDUCING AGENTS					2	2	100.0	0	0.0
	0	0.0	0	441	0.4				
P1A - GROWTH HORMONES					3	3	100.0	0	0.0
	1	33.3	0	3,434	0.0				
P1F - PITUITARY SUPPRESSIVE AGENTS					34	34	100.0	0	0.0
	0	0.0	0	2,826	1.2				
P2B - ANTIDIURETIC AND VASOPRESSOR					140	140	100.0	0	0.0
	5	3.5	2	17,853	0.7				
P3A - THYROID HORMONES					2,603	2,603	100.0	0	0.0
	26	0.9	18	271,569	0.9				
P3L - ANTITHYROID PREPARATIONS					46	46	100.0	0	0.0
	0	0.0	2	4,261	1.0				
P4L - BONE RESORPTION INHIBITORS					1,121	1,121	100.0	0	0.0
	21	1.8	5	141,267	0.7				
P5A - GLUCOCORTICOIDS					914	913	99.8	1	0.1
	62	6.7	10	240,742	0.3				
P5S - MINERALOCORTICOIDS					38	38	100.0	0	0.0
	0	0.0	3	5,126	0.7				
P6A - PINEAL HORMONE AGENTS					1	1	100.0	0	0.0
	0	0.0	0	148	0.6				

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Q2C - OPHTHALMIC ANTI-INFLAMMATORY	0	0.0	0	2,144	0.2	5	5	100.0	0	0.0
Q3A - RECTAL PREPARATIONS	0	0.0	0	10,418	0.1	11	11	100.0	0	0.0
Q3D - HEMORRHOIDAL PREPARATIONS	0	0.0	0	2,272	0.2	6	6	100.0	0	0.0
Q3E - CHRONIC INFLAM. COLON DX, 5-A	0	0.0	0	629	1.2	8	8	100.0	0	0.0
Q3H - HEMORRHOIDALS, LOCAL RECTAL A	0	0.0	0	386	0.5	2	2	100.0	0	0.0
Q3S - LAXATIVES, LOCAL/RECTAL	2	1.1	1	31,311	0.5	170	170	100.0	0	0.0
Q4K - VAGINAL ESTROGEN PREPARATIONS	0	0.0	0	6,462	0.1	8	8	100.0	0	0.0
Q5B - TOPICAL PREPARATIONS,ANTIBACT	0	0.0	0	2,351	0.4	11	11	100.0	0	0.0
Q5F - TOPICAL ANTIFUNGALS	6	1.2	3	128,245	0.3	482	482	100.0	0	0.0
Q5H - TOPICAL LOCAL ANESTHETICS	11	7.9	5	21,163	0.6	138	138	100.0	0	0.0
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE	4	14.2	3	19,429	0.1	28	28	100.0	0	0.0
Q5P - TOPICAL ANTI-INFLAMMATORY STE	9	1.8	1	106,177	0.4	479	479	100.0	0	0.0
Q5R - TOPICAL ANTIPARASITICS	0	0.0	0	33,738	0.1	44	44	100.0	0	0.0
Q5S - TOPICAL SULFONAMIDES	0	0.0	0	13,881	0.5	80	80	100.0	0	0.0
Q5V - TOPICAL ANTIVIRALS	0	0.0	0	6,653	0.0	5	5	100.0	0	0.0
Q5W - TOPICAL ANTIBIOTICS	0	0.0	2	81,984	0.4	337	337	100.0	0	0.0
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	9	4.3	3	69,738	0.2	205	205	100.0	0	0.0
Q6I - EYE ANTIBIOTIC-CORTICOID COMB	1	33.3	0	9,452	0.0	3	3	100.0	0	0.0
Q6J - MYDRIATICS	0	0.0	0	3,096	0.2	7	7	100.0	0	0.0
Q6P - EYE ANTIINFLAMMATORY AGENTS	1	3.4	0	14,151	0.2	29	29	100.0	0	0.0
Q6R - EYE ANTIHISTAMINES	0	0.0	0	13,126	0.0	11	11	100.0	0	0.0
Q6S - EYE SULFONAMIDES	0	0.0	0	10,886	0.0	3	3	100.0	0	0.0
Q6T - ARTIFICIAL TEARS	1	0.4	1	34,182	0.6	237	237	100.0	0	0.0
Q6U - OPHTHALMIC MAST CELL STABILIZ	0	0.0	0	4,200	0.0	1	1	100.0	0	0.0
Q6W - OPHTHALMIC ANTIBIOTICS	0	0.0	2	54,230	0.0	30	30	100.0	0	0.0
Q6Y - EYE PREPARATIONS, MISCELLANEO	0	0.0	0	5,047	0.4	24	24	100.0	0	0.0
Q7A - NOSE PREPARATIONS, MISCELLANE	0	0.0	0	2,488	0.1	4	4	100.0	0	0.0
Q7E - NASAL ANTIHISTAMINE	0	0.0	0	5,295	0.0	3	3	100.0	0	0.0
Q7P - NASAL ANTI-INFLAMMATORY STERO	11	8.5	3	93,507	0.1	129	129	100.0	0	0.0
Q7W - NOSE PREPARATIONS ANTIBIOTICS	0	0.0	0	417	0.2	1	1	100.0	0	0.0
Q7Y - NOSE PREPARATIONS, MISCELLANE	0	0.0	0	4,466	0.1	6	6	100.0	0	0.0
Q8B - EAR PREPARATIONS, MISC. ANTI-	0	0.0	0	2,508	0.0	2	2	100.0	0	0.0
Q8F - OTIC PREPARATIONS,ANTI-INFLAM	1	25.0	0	9,599	0.0	4	4	100.0	0	0.0
Q8H - EAR PREPARATIONS,LOCAL ANESTH	0	0.0	0	9,550	0.0	1	1	100.0	0	0.0
Q8R - EAR PREPARATIONS,EAR WAX REMO	0	0.0	0	5,263	0.0	2	2	100.0	0	0.0

Q8W - EAR PREPARATIONS,ANTIBIOTICS						4		4	100.0		0	0.0
	0	0.0		1	23,024	0.0						
Q9B - BENIGN PROSTATIC HYPERTROPHY/						382		382	100.0		0	0.0
	3	0.7		1	32,430	1.1						
R1A - URINARY TRACT ANTISPASMODIC/A						1,123		1,122	99.9		1	0.0
	22	1.9		6	113,631	0.9						
R1E - CARBONIC ANHYDRASE INHIBITORS						39		39	100.0		0	0.0
	0	0.0		0	4,686	0.8						
R1F - THIAZIDE AND RELATED DIURETIC						802		800	99.7		2	0.2
	12	1.5		5	113,796	0.7						
R1H - POTASSIUM SPARING DIURETICS						588		579	98.4		9	1.5
	28	4.8		5	52,179	1.1						
R1L - POTASSIUM SPARING DIURETICS I						429		429	100.0		0	0.0
	10	2.3		3	67,818	0.6						
R1M - LOOP DIURETICS						4,890		4,889	99.9		1	0.0
	84	1.7		24	391,953	1.2						
R1R - URICOSURIC AGENTS						7		7	100.0		0	0.0
	0	0.0		0	916	0.7						
R1S - URINARY PH MODIFIERS						26		26	100.0		0	0.0
	0	0.0		0	3,468	0.7						
S2A - COLCHICINE						81		81	100.0		0	0.0
	1	1.2		0	6,276	1.2						
S2B - NSAIDS, CYCLOOXYGENASE INHIBI						1,647		1,647	100.0		0	0.0
	46	2.7		7	502,197	0.3						
S2I - ANTI-INFLAMMATORY, PYRIMIDINE						4		4	100.0		0	0.0
	0	0.0		0	2,237	0.1						
S2J - ANTI-INFLAMMATORY TUMOR NECRO						9		9	100.0		0	0.0
	1	11.1		1	4,967	0.1						
U6A - PHARMACEUTICAL ADJUVANTS, TAB						35		35	100.0		0	0.0
	1	2.8		0	915	3.8						
U6E - OINTMENT/CREAM BASES						7		7	100.0		0	0.0
	0	0.0		0	630	1.1						
U6F - HYDROPHILIC CREAM/OINTMENT BA						1		1	100.0		0	0.0
	0	0.0		0	1,114	0.0						
U6H - SOLVENTS						18		18	100.0		0	0.0
	1	5.5		0	9,030	0.1						
U6N - VEHICLES						266		266	100.0		0	0.0
	0	0.0		1	26,724	0.9						
U6W - BULK CHEMICALS						57		55	96.4		2	3.5
	4	7.2		1	3,751	1.5						
V1A - ALKYLATING AGENTS						19		19	100.0		0	0.0
	0	0.0		0	2,565	0.7						

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THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	CLAIMS MESSAGES	PAID	PAID PCT	CLAIMS DENIED	DENY PCT
V1B - ANTIMETABOLITES	4	8.0	1	13,022	0.3	50	50	100.0	0	0.0
V1E - STEROID ANTINEOPLASTICS	1	0.8	3	14,469	0.7	113	113	100.0	0	0.0
V1F - ANTINEOPLASTICS,MISCELLANEOUS	2	6.4	0	4,297	0.7	31	31	100.0	0	0.0
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE	0	0.0	0	944	0.5	5	5	100.0	0	0.0
V1J - ANTIANDROGENIC AGENTS	1	20.0	0	1,024	0.4	5	5	100.0	0	0.0
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	1	50.0	0	955	0.2	2	2	100.0	0	0.0
V1T - SELECTIVE ESTROGEN RECEPTOR M	0	0.0	0	8,499	0.8	71	71	100.0	0	0.0
W1A - PENICILLINS	9	6.0	3	373,786	0.0	148	148	100.0	0	0.0
W1C - TETRACYCLINES	2	1.4	1	49,280	0.2	135	135	100.0	0	0.0
W1D - MACROLIDES	5	8.3	2	206,640	0.0	60	60	100.0	0	0.0
W1F - AMINOGLYCOSIDES	4	9.5	1	6,086	0.7	43	42	97.6	1	2.3
W1G - ANTITUBERCULAR ANTIBIOTICS	0	0.0	0	1,575	0.5	8	8	100.0	0	0.0
W1J - VANCOMYCIN AND DERIVATIVES	0	0.0	0	7,780	0.1	14	14	100.0	0	0.0
W1K - LINCOSAMIDES	2	18.1	0	14,912	0.0	11	11	100.0	0	0.0
W1M - STREPTOGRAMINS	0	0.0	0	46	2.1	1	1	100.0	0	0.0
W1N - POLYMYXIN AND DERIVATIVES	0	0.0	0	166	0.6	1	1	100.0	0	0.0
W1O - OXAZOLIDINONES	0	0.0	0	2,339	0.0	2	2	100.0	0	0.0
W1Q - QUINOLONES	2	1.0	1	164,377	0.1	190	190	100.0	0	0.0
W1S - CARBAPENEMS (THIENAMYCINS)	1	20.0	0	1,884	0.2	5	5	100.0	0	0.0
W1W - CEPHALOSPORINS - 1ST GENERATI	3	2.5	1	125,959	0.0	118	118	100.0	0	0.0
W1X - CEPHALOSPORINS - 2ND GENERATI	1	2.6	0	35,145	0.1	38	38	100.0	0	0.0
W1Y - CEPHALOSPORINS - 3RD GENERATI	4	6.0	0	59,392	0.1	66	66	100.0	0	0.0
W1Z - CEPHALOSPORINS - 4TH GENERATI	0	0.0	0	898	0.4	4	4	100.0	0	0.0
W2A - ABSORBABLE SULFONAMIDES	11	3.1	0	79,284	0.4	352	352	100.0	0	0.0
W2E - ANTI-MYCOBACTERIUM AGENTS	0	0.0	0	2,111	0.9	21	21	100.0	0	0.0
W2F - NITROFURAN DERIVATIVES	4	1.7	1	36,938	0.6	228	228	100.0	0	0.0
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	0	0.0	0	3,839	0.8	34	34	100.0	0	0.0
W3A - ANTIFUNGAL ANTIBIOTICS	2	3.3	4	30,483	0.2	61	60	98.3	1	1.6
W3B - ANTIFUNGAL AGENTS	2	5.4	3	61,208	0.0	37	37	100.0	0	0.0
W4A - ANTIMALARIAL DRUGS	8	4.6	1	33,420	0.5	173	173	100.0	0	0.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	4	8.5	0	30,614	0.1	48	47	97.9	1	2.0
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	0	0.0	0	277	0.7	2	2	100.0	0	0.0
W4L - ANTHELMINTICS	0	0.0	0	2,921	0.2	8	8	100.0	0	0.0
W4P - ANTILEPROTICS	1	12.5	0	1,590	0.5	8	8	100.0	0	0.0
W5A - ANTIVIRALS, GENERAL	10	16.6	2	32,827	0.1	61	60	98.3	1	1.6

W5C - ANTIVIRALS, HIV-SPECIFIC, PRO					8		8	100.0		0	0.0	
	5	62.5	0	4,665	0.1							
W5D - ANTIVIRAL MONOCLONAL ANTIBODI					1		1	100.0		0	0.0	
	0	0.0	0	3,448	0.0							
W5F - HEPATITIS B TREATMENT AGENTS					2		2	100.0		0	0.0	
	0	0.0	0	423	0.4							
W5G - HEPATITIS C TREATMENT AGENTS					4		4	100.0		0	0.0	
	2	50.0	0	6,485	0.0							
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC					9		9	100.0		0	0.0	
	2	22.2	1	3,363	0.2							
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC					23		23	100.0		0	0.0	
	3	13.0	0	10,643	0.2							
W5K - ANTIVIRALS, HIV-SPECIFIC, NON					9		9	100.0		0	0.0	
	0	0.0	0	4,931	0.1							
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO					7		7	100.0		0	0.0	
	1	14.2	0	4,268	0.1							
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO					5		5	100.0		0	0.0	
	2	40.0	0	2,835	0.1							
W7K - ANTISERA					3		3	100.0		0	0.0	
	0	0.0	0	537	0.5							
W8D - OXIDIZING AGENTS					5		5	100.0		0	0.0	
	0	0.0	0	805	0.6							
W8F - IRRIGANTS					31		31	100.0		0	0.0	
	1	3.2	2	12,197	0.2							
X5B - BANDAGES AND RELATED SUPPLIES					1		1	100.0		0	0.0	
	0	0.0	0	3,775	0.0							
Z2A - ANTIHISTAMINES					1,605		1,605	100.0		0	0.0	
	69	4.2	18	555,440	0.2							
Z2E - IMMUNOSUPPRESSIVES					143		141	98.6		2	1.3	
	22	15.6	5	28,349	0.5							
Z2F - MAST CELL STABILIZERS					6		6	100.0		0	0.0	
	0	0.0	0	4,060	0.1							
Z2G - IMMUNOMODULATORS					11		11	100.0		0	0.0	
	4	36.3	0	4,762	0.2							
Z2H - SYSTEMIC ENZYME INHIBITORS					2		2	100.0		0	0.0	
	0	0.0	0	147	1.3							
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI					243		243	100.0		0	0.0	
	3	1.2	1	123,438	0.1							
ER -OVERUSE - EARLY REFILL					**124,116**		**123,865**	**99.7**		**251**	**0.2**	
7,379	**5.9**		**1,242**	**19,145,299**	**0.6**							

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A1A - DIGITALIS GLYCOSIDES	20	66.6	0	114,076	0.0	49	30	61.2	19	38.7
A1B - XANTHINES	109	61.9	0	29,337	0.9	278	176	63.3	102	36.6
A1D - GENERAL BRONCHODILATOR AGENTS	70	70.0	0	38,948	0.2	116	100	86.2	16	13.7
A2A - ANTIARRHYTHMICS	28	63.6	0	25,631	0.2	71	44	61.9	27	38.0
A4A - HYPOTENSIVES,VASODILATORS	21	70.0	0	14,851	0.4	61	30	49.1	31	50.8
A4B - HYPOTENSIVES,SYMPATHOLYTIC	1,038	91.9	1	104,085	1.2	1,291	1,129	87.4	162	12.5
A4D - HYPOTENSIVES, ACE INHIBITORS	182	59.8	0	433,615	0.1	498	304	61.0	194	38.9
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	144	58.2	0	130,675	0.5	747	247	33.0	500	66.9
A4K - ACE INHIBITOR/CALCIUM CHANNEL	70	52.6	0	33,400	1.3	444	133	29.9	311	70.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	7	53.8	0	15,359	0.1	22	13	59.0	9	40.9
A7B - VASODILATORS,CORONARY	700	84.8	0	173,639	0.5	981	825	84.0	156	15.9
A7C - VASODILATORS,PERIPHERAL	0	0.0	0	740	0.6	5	1	20.0	4	80.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	2,951	92.1	0	308,828	1.2	3,724	3,202	85.9	522	14.0
B3J - EXPECTORANTS	486	41.3	0	171,350	1.0	1,813	1,175	64.8	638	35.1
B3K - COUGH AND/OR COLD PREPARATION	47	45.6	0	210,073	0.0	179	103	57.5	76	42.4
B3O - 1ST GEN ANTIHISTAMINE-DECONGE	0	0.0	0	1	0.0	1	0	0.0	1	100.0
B3T - NON-NARCOTIC ANTITUSSIVE AND	49	49.0	0	2,365	7.9	188	100	53.1	88	46.8
C0B - WATER	0	0.0	0	2,867	0.7	22	15	68.1	7	31.8
C0D - ANTI-ALCOHOLIC PREPARATIONS	1	16.6	0	1,117	0.8	10	6	60.0	4	40.0
C0K - BICARBONATE PRODUCING/CONTAIN	18	64.2	0	994	5.0	50	28	56.0	22	44.0
C1A - ELECTROLYTE DEPLETERS	225	63.9	0	28,061	1.9	553	352	63.6	201	36.3
C1B - SODIUM/SALINE PREPARATIONS	3	5.2	0	21,366	0.3	67	57	85.0	10	14.9
C1D - POTASSIUM REPLACEMENT	445	66.1	0	246,076	0.3	972	673	69.2	299	30.7
C1H - MAGNESIUM SALTS REPLACEMENT	17	58.6	0	9,681	5.3	518	29	5.5	489	94.4
C3B - IRON REPLACEMENT	583	61.6	0	122,855	1.4	1,786	945	52.9	841	47.0
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	224	60.0	0	175,433	0.3	638	373	58.4	265	41.5
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	210	55.4	0	115,512	0.5	605	379	62.6	226	37.3
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	12	52.1	0	2,778	1.7	48	23	47.9	25	52.0
C4N - HYPOGLYCEMICS, INSULIN-RESPON	124	49.7	0	108,855	0.4	526	249	47.3	277	52.6
C5B - PROTEIN REPLACEMENT	2	25.0	0	2,446	0.4	10	8	80.0	2	20.0
C5J - IV SOLUTIONS: DEXTROSE-WATER	2	25.0	0	2,608	0.3	9	8	88.8	1	11.1
C6A - VITAMIN A PREPARATIONS	0	0.0	0	155	2.5	4	0	0.0	4	100.0
C6B - VITAMIN B PREPARATIONS	32	57.1	0	21,550	0.4	88	56	63.6	32	36.3
C6D - VITAMIN D PREPARATIONS	6	66.6	0	6,664	0.1	11	9	81.8	2	18.1
C6F - PRENATAL VITAMIN PREPARATIONS	154	41.6	0	79,759	0.7	590	370	62.7	220	37.2
C6K - VITAMIN K PREPARATIONS	2	66.6	0	1,818	0.2	5	3	60.0	2	40.0

C6L - VITAMIN B12 PREPARATIONS					17		9	52.9		8	47.0
	4	44.4	0	27,391	0.0						
C6M - FOLIC ACID PREPARATIONS					116		87	75.0		29	25.0
	50	57.4	0	49,276	0.2						
C6N - NIACIN PREPARATIONS					1		1	100.0		0	0.0
	1	0.0	0	2,166	0.0						
C6Z - MULTIVITAMIN PREPARATIONS					701		458	65.3		243	34.6
	196	42.7	0	260,920	0.2						
C7A - HYPERURICEMIA TX - PURINE INH					34		22	64.7		12	35.2
	15	68.1	0	30,902	0.1						
C8A - METALLIC POISON,AGENTS TO TRE					2		2	100.0		0	0.0
	1	50.0	0	908	0.2						
D4B - ANTACIDS					7		1	14.2		6	85.7
	0	0.0	0	43,013	0.0						
D4E - ANTI-ULCER PREPARATIONS					225		73	32.4		152	67.5
	22	30.1	0	17,779	1.2						
D4F - ANTI-ULCER-H.PYLORI AGENTS					154		40	25.9		114	74.0
	18	45.0	0	2,567	5.9						
D4K - GASTRIC ACID SECRETION REDUCE					10,437		3,299	31.6		7,138	68.3
	1,743	52.8	3	757,263	1.3						
D5A - FAT ABSORPTION DECREASING AGE					26		0	0.0		26	100.0
	0	0.0	0	672	3.8						
D6C - IRRITABLE BOWEL SYND. AGENT,5					2		1	50.0		1	50.0
	0	0.0	0	170	1.1						
D6D - ANTIDIARRHEALS					1,815		1,464	80.6		351	19.3
	645	44.0	0	42,897	4.2						
D6E - IRRITABLE BOWEL SYND. AGENT,5					269		172	63.9		97	36.0
	82	47.6	0	13,782	1.9						
D6F - DRUG TX-CHRONIC INFLAM. COLON					326		204	62.5		122	37.4
	123	60.2	0	7,445	4.3						
D6S - LAXATIVES AND CATHARTICS					2,525		1,814	71.8		711	28.1
	1,053	58.0	0	397,998	0.6						
D7A - BILE SALTS					142		87	61.2		55	38.7
	36	41.3	0	2,674	5.3						
D7L - BILE SALT SEQUESTRANTS					35		3	8.5		32	91.4
	1	33.3	0	9,674	0.3						
D8A - PANCREATIC ENZYMES					108		60	55.5		48	44.4
	38	63.3	0	8,448	1.2						
F1A - ANDROGENIC AGENTS					39		23	58.9		16	41.0
	13	56.5	0	5,106	0.7						

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F2A - DRUGS TO TREAT IMPOTENCY	1	50.0	0	3,811	2.3	89	2	2.2	87	97.7
G1A - ESTROGENIC AGENTS	109	50.0	0	92,551	0.3	333	218	65.4	115	34.5
G1B - ESTROGEN/ANDROGEN COMBINATION	0	0.0	0	3,594	0.2	9	1	11.1	8	88.8
G2A - PROGESTATIONAL AGENTS	44	72.1	0	12,377	0.8	103	61	59.2	42	40.7
G3A - OXYTOCICS	3	100.0	0	802	0.3	3	3	100.0	0	0.0
G8A - CONTRACEPTIVES,ORAL	312	49.0	0	93,092	0.9	862	636	73.7	226	26.2
G8F - CONTRACEPTIVES,TRANSDERMAL	133	34.5	0	31,615	1.8	577	385	66.7	192	33.2
G9B - CONTRACEPTIVES, INTRAVAGINAL,	71	53.7	0	2,423	8.2	201	132	65.6	69	34.3
H0A - LOCAL ANESTHETICS	1	16.6	0	11,696	0.1	15	6	40.0	9	60.0
H0E - AGENTS TO TREAT MULTIPLE SCLE	146	57.9	0	9,969	3.9	396	252	63.6	144	36.3
H1A - ALZHEIMER'S THERAPY, NMDA REC	39	41.4	0	11,355	1.0	119	94	78.9	25	21.0
H2A - CENTRAL NERVOUS SYSTEM STIMUL	83	98.8	0	889	10.3	92	84	91.3	8	8.6
H2D - BARBITURATES	5	71.4	0	36,933	0.0	8	7	87.5	1	12.5
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	4,038	92.6	0	145,287	3.4	5,084	4,358	85.7	726	14.2
H2F - ANTI-ANXIETY DRUGS	1,548	85.7	0	478,444	0.4	2,084	1,806	86.6	278	13.3
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	105	95.4	0	42,071	0.3	137	110	80.2	27	19.7
H2J - ANTIDEPRESSANTS O.U.	0	0.0	0	35	2.8	1	0	0.0	1	100.0
H2M - ANTI-MANIA DRUGS	29	87.8	0	39,979	0.1	42	33	78.5	9	21.4
H2S - SELECTIVE SEROTONIN REUPTAKE	7,400	94.4	0	718,922	1.2	9,148	7,838	85.6	1,310	14.3
H2U - TRICYCLIC ANTIDEPRESSANTS & R	179	87.7	0	135,847	0.1	241	204	84.6	37	15.3
H2V - TX FOR ATTENTION DEFICIT-HYPE	6,270	98.1	0	145,088	4.8	7,052	6,385	90.5	667	9.4
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	17	94.4	0	2,671	0.8	24	18	75.0	6	25.0
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	0	0.0	0	916	0.2	2	0	0.0	2	100.0
H3A - ANALGESICS,NARCOTICS	20,239	52.8	1	1,534,357	3.2	50,236	38,286	76.2	11,950	23.7
H3D - ANALGESIC/ANTIPYRETICS, SALIC	233	46.9	0	202,853	0.4	827	496	59.9	331	40.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	3,137	48.7	0	233,331	3.3	7,811	6,430	82.3	1,381	17.6
H3F - ANTIMIGRAINE PREPARATIONS	295	43.7	0	56,497	2.7	1,543	674	43.6	869	56.3
H3T - NARCOTIC ANTAGONISTS	68	62.9	0	2,812	5.0	142	108	76.0	34	23.9
H4B - ANTICONVULSANTS	3,238	91.2	21	878,301	0.4	4,256	3,548	83.3	708	16.6
H6A - ANTIPARKINSONISM DRUGS,OTHER	94	58.3	0	68,289	0.3	249	161	64.6	88	35.3
H6B - ANTIPARKINSONISM DRUGS,ANTICH	74	50.0	0	65,015	0.3	223	148	66.3	75	33.6
H6C - ANTITUSSIVES,NON-NARCOTIC	388	41.6	0	17,677	7.1	1,266	932	73.6	334	26.3
H6H - SKELETAL MUSCLE RELAXANTS	671	60.3	0	251,071	1.0	2,608	1,112	42.6	1,496	57.3
H6I - AMYOTROPHIC LATERAL SCLEROSIS	1	16.6	0	246	3.2	8	6	75.0	2	25.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	924	46.0	0	88,322	3.5	3,179	2,005	63.0	1,174	36.9
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	1,410	94.7	0	108,049	1.6	1,784	1,488	83.4	296	16.5

H7C - SEROTONIN-NOREPINEPHRINE REUP					7,160	6,072	84.8	1,088	15.1	
5,848	96.3	0	127,842	5.6						
H7D - NOREPINEPHRINE AND DOPAMINE R					1,280	1,034	80.7	246	19.2	
916	88.5	0	106,999	1.1						
H7E - SEROTONIN-2 ANTAGONIST/REUPTA					179	139	77.6	40	22.3	
116	83.4	0	125,422	0.1						
H7N - SMOKING DETERRENTS, OTHER					61	25	40.9	36	59.0	
15	60.0	0	1,716	3.5						
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG					4	2	50.0	2	50.0	
1	50.0	0	32,394	0.0						
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG					22	19	86.3	3	13.6	
17	89.4	0	5,885	0.3						
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP					3	1	33.3	2	66.6	
1	100.0	0	641	0.4						
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG					1	1	100.0	0	0.0	
1	100.0	0	866	0.1						
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM					15,867	13,664	86.1	2,203	13.8	
13,173	96.4	0	767,674	2.0						
H7U - ANTIPSYCHOTICS, DOPAMINE & SE					9	8	88.8	1	11.1	
4	50.0	0	3,969	0.2						
H7X - ANTIPSYCHOTICS, ATYP, D2 PART					581	494	85.0	87	14.9	
445	90.0	0	52,439	1.1						
H7Y - TX FOR ATTENTION DEFICIT-HYPE					710	626	88.1	84	11.8	
585	93.4	0	74,253	0.9						
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE					41	27	65.8	14	34.1	
25	92.5	0	2,718	1.5						
J1A - PARASYMPATHETIC AGENTS					25	21	84.0	4	16.0	
9	42.8	0	4,629	0.5						
J1B - CHOLINESTERASE INHIBITORS					641	577	90.0	64	9.9	
418	72.4	0	102,555	0.6						
J2A - BELLADONNA ALKALOIDS					137	78	56.9	59	43.0	
28	35.8	0	19,020	0.7						
J2B - ANTICHOLINERGICS,QUATERNARY A					97	61	62.8	36	37.1	
25	40.9	0	6,719	1.4						
J2D - ANTICHOLINERGICS/ANTISPASMODI					45	34	75.5	11	24.4	
13	38.2	0	19,030	0.2						
J3A - SMOKING DETERRENT AGENTS (GAN					430	264	61.3	166	38.6	
107	40.5	0	16,916	2.5						
J5B - ADRENERGICS, AROMATIC, NON-CA					5,996	5,437	90.6	559	9.3	
5,360	98.5	0	111,938	5.3						

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J5D	- BETA-ADRENERGIC AGENTS					1,182	717	60.6	465	39.3
568	79.2		0	413,428	0.2					
J5E	- SYMPATHOMIMETIC AGENTS					555	375	67.5	180	32.4
123	32.8		0	12,649	4.3					
J5G	- BETA-ADRENERGICS AND GLUCOCOR					1,877	1,452	77.3	425	22.6
1,109	76.3		0	77,251	2.4					
J5H	- ADRENERGIC VASOPRESSOR AGENTS					34	22	64.7	12	35.2
6	27.2		0	2,514	1.3					
J7A	- ALPHA/BETA-ADRENERGIC BLOCKIN					317	156	49.2	161	50.7
105	67.3		0	42,415	0.7					
J7B	- ALPHA-ADRENERGIC BLOCKING AGE					36	29	80.5	7	19.4
17	58.6		0	29,452	0.1					
J7C	- BETA-ADRENERGIC BLOCKING AGEN					177	117	66.1	60	33.8
56	47.8		1	340,721	0.0					
J8A	- ANOREXIC AGENTS					93	0	0.0	93	100.0
0	0.0		0	2,541	3.6					
J9A	- INTESTINAL MOTILITY STIMULANT					128	94	73.4	34	26.5
47	50.0		0	74,435	0.1					
J9B	- ANTISPASMODIC AGENTS					16	0	0.0	16	100.0
0	0.0		0	281	5.6					
L1A	- ANTIPSORIATIC AGENTS,SYSTEMIC					1	0	0.0	1	100.0
0	0.0		0	405	0.2					
L1C	- HYPERTRICHOTIC AGENTS, SYSTEM					2	0	0.0	2	100.0
0	0.0		0	41	4.8					
L2A	- EMOLLIENTS					2	2	100.0	0	0.0
1	50.0		0	20,630	0.0					
M4E	- LIPOTROPICS					657	381	57.9	276	42.0
197	51.7		1	460,856	0.1					
M4I	- ANTIHYPERLIP(HMGCOA) & CALCIU					2	2	100.0	0	0.0
0	0.0		0	262	0.7					
M9D	- ANTIFIBRINOLYTIC AGENTS					1	1	100.0	0	0.0
0	0.0		0	191	0.5					
M9L	- ORAL ANTICOAGULANTS,COUMARIN					667	416	62.3	251	37.6
274	65.8		0	163,698	0.4					
M9P	- PLATELET AGGREGATION INHIBITO					437	287	65.6	150	34.3
114	39.7		0	132,853	0.3					
M9S	- HEMORRHEOLOGIC AGENTS					240	174	72.5	66	27.5
86	49.4		0	9,699	2.4					
N1D	- PLATELET REDUCING AGENTS					2	2	100.0	0	0.0
0	0.0		0	441	0.4					
P0A	- FERTILITY STIMULATING PREPARA					4	0	0.0	4	100.0
0	0.0		0	138	2.8					
P1F	- PITUITARY SUPPRESSIVE AGENTS					34	21	61.7	13	38.2
10	47.6		0	2,826	1.2					
P2B	- ANTIDIURETIC AND VASOPRESSOR					26	17	65.3	9	34.6
10	58.8		0	17,853	0.1					
P3A	- THYROID HORMONES					1,025	644	62.8	381	37.1
408	63.3		0	271,569	0.3					
P3L	- ANTITHYROID PREPARATIONS					29	12	41.3	17	58.6
7	58.3		0	4,261	0.6					
P4L	- BONE RESORPTION INHIBITORS					2,383	1,956	82.0	427	17.9
666	34.0		0	141,267	1.6					
P5A	- GLUCOCORTICOIDS					1,160	901	77.6	259	22.3
761	84.4		1	240,742	0.4					
P5S	- MINERALOCORTICOIDS					87	58	66.6	29	33.3
32	55.1		0	5,126	1.6					
Q3A	- RECTAL PREPARATIONS					66	6	9.0	60	90.9
2	33.3		0	10,418	0.6					
Q3E	- CHRONIC INFLAM. COLON DX, 5-A					3	1	33.3	2	66.6
1	100.0		0	629	0.4					
Q4F	- VAGINAL ANTIFUNGALS					90	27	30.0	63	70.0
11	40.7		0	15,051	0.5					
Q4K	- VAGINAL ESTROGEN PREPARATIONS					105	36	34.2	69	65.7
14	38.8		0	6,462	1.6					
Q4S	- VAGINAL SULFONAMIDES					1	0	0.0	1	100.0
0	0.0		0	118	0.8					
Q4W	- VAGINAL ANTIBIOTICS					22	4	18.1	18	81.8
1	25.0		0	9,778	0.2					
Q5F	- TOPICAL ANTIFUNGALS					1	0	0.0	1	100.0
0	0.0		0	128,245	0.0					

Q5H - TOPICAL LOCAL ANESTHETICS					327	277	84.7	50	15.2
196	70.7	0	21,163	1.5					
Q5P - TOPICAL ANTI-INFLAMMATORY STE					3	3	100.0	0	0.0
0	0.0	0	106,177	0.0					
Q9B - BENIGN PROSTATIC HYPERTROPHY/					85	67	78.8	18	21.1
32	47.7	0	32,430	0.2					
R1A - URINARY TRACT ANTISPASMODIC/A					814	453	55.6	361	44.3
260	57.3	0	113,631	0.7					
R1E - CARBONIC ANHYDRASE INHIBITORS					66	37	56.0	29	43.9
19	51.3	0	4,686	1.4					
R1F - THIAZIDE AND RELATED DIURETIC					29	10	34.4	19	65.5
6	60.0	0	113,796	0.0					
R1H - POTASSIUM SPARING DIURETICS					14	8	57.1	6	42.8
6	75.0	0	52,179	0.0					
R1L - POTASSIUM SPARING DIURETICS I					43	31	72.0	12	27.9
23	74.1	0	67,818	0.0					
R1M - LOOP DIURETICS					100	59	59.0	41	41.0
36	61.0	0	391,953	0.0					
R1R - URICOSURIC AGENTS					5	4	80.0	1	20.0
2	50.0	0	916	0.5					
R1S - URINARY PH MODIFIERS					16	9	56.2	7	43.7
6	66.6	0	3,468	0.4					
R5A - URINARY TRACT ANESTHETIC/ANAL					774	610	78.8	164	21.1
285	46.7	0	10,700	7.2					
R5B - URINARY TRACT ANALGESIC AGENT					113	70	61.9	43	38.0
58	82.8	0	1,155	9.7					
S2A - COLCHICINE					91	74	81.3	17	18.6
37	50.0	0	6,276	1.4					
S2B - NSAIDS, CYCLOOXYGENASE INHIBI					8,364	4,784	57.1	3,580	42.8
2,555	53.4	1	502,197	1.6					
S2C - GOLD SALTS					6	3	50.0	3	50.0
1	33.3	0	147	4.0					
S2I - ANTI-INFLAMMATORY, PYRIMIDINE					21	13	61.9	8	38.0
8	61.5	0	2,237	0.9					
S2J - ANTI-INFLAMMATORY TUMOR NECRO					153	99	64.7	54	35.2
49	49.4	0	4,967	3.0					
U6N - VEHICLES					8	4	50.0	4	50.0
0	0.0	0	26,724	0.0					
U6W - BULK CHEMICALS					66	55	83.3	11	16.6
6	10.9	0	3,751	1.7					
V1E - STEROID ANTINEOPLASTICS					4	3	75.0	1	25.0
1	33.3	0	14,469	0.0					

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CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
V1F - ANTINEOPLASTICS,MISCELLANEOUS						13	11	84.6	2	15.3
2	18.1		0	4,297	0.3					
V1J - ANTIANDROGENIC AGENTS						21	17	80.9	4	19.0
5	29.4		0	1,024	2.0					
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM						10	6	60.0	4	40.0
3	50.0		0	955	1.0					
V1T - SELECTIVE ESTROGEN RECEPTOR M						22	14	63.6	8	36.3
4	28.5		0	8,499	0.2					
W1A - PENICILLINS						1,390	920	66.1	470	33.8
402	43.6		5	373,786	0.3					
W1C - TETRACYCLINES						239	169	70.7	70	29.2
33	19.5		0	49,280	0.4					
W1D - MACROLIDES						715	453	63.3	262	36.6
175	38.6		0	206,640	0.3					
W1F - AMINOGLYCOSIDES						4	1	25.0	3	75.0
0	0.0		0	6,086	0.0					
W1G - ANTITUBERCULAR ANTIBIOTICS						82	55	67.0	27	32.9
22	40.0		0	1,575	5.2					
W1J - VANCOMYCIN AND DERIVATIVES						13	8	61.5	5	38.4
3	37.5		0	7,780	0.1					
W1K - LINCOSAMIDES						107	76	71.0	31	28.9
39	51.3		0	14,912	0.7					
W1O - OXAZOLIDINONES						18	12	66.6	6	33.3
6	50.0		0	2,339	0.7					
W1P - BETALACTAMS						5	5	100.0	0	0.0
1	20.0		0	191	2.6					
W1Q - QUINOLONES						1,679	1,073	63.9	606	36.0
525	48.9		0	164,377	1.0					

W1S - CARBAPENEMS (THIENAMYCINS)						58		45	77.5		13	22.4
	23	51.1		6	1,884	3.0						
W1W - CEPHALOSPORINS - 1ST GENERATI						182		109	59.8		73	40.1
	36	33.0		0	125,959	0.1						
W1X - CEPHALOSPORINS - 2ND GENERATI						167		92	55.0		75	44.9
	42	45.6		0	35,145	0.4						
W1Y - CEPHALOSPORINS - 3RD GENERATI						425		262	61.6		163	38.3
	91	34.7		2	59,392	0.7						
W1Z - CEPHALOSPORINS - 4TH GENERATI						103		86	83.4		17	16.5
	13	15.1		1	898	11.4						
W2A - ABSORBABLE SULFONAMIDES						67		22	32.8		45	67.1
	8	36.3		0	79,284	0.0						
W2E - ANTI-MYCOBACTERIUM AGENTS						23		15	65.2		8	34.7
	6	40.0		0	2,111	1.0						
W2F - NITROFURAN DERIVATIVES						34		26	76.4		8	23.5
	10	38.4		0	36,938	0.0						
W2G - CHEMOTHERAPEUTICS, ANTIBACTER						45		31	68.8		14	31.1
	18	58.0		0	3,839	1.1						
W2Y - ANTI-INFECTIVES, MISC. (ANTIB						1		0	0.0		1	100.0
	0	0.0		0	13	7.6						
W3A - ANTIFUNGAL ANTIBIOTICS						386		214	55.4		172	44.5
	45	21.0		5	30,483	1.2						
W3B - ANTIFUNGAL AGENTS						274		106	38.6		168	61.3
	46	43.3		0	61,208	0.4						
W4A - ANTIMALARIAL DRUGS						31		18	58.0		13	41.9
	7	38.8		0	33,420	0.0						
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB						81		48	59.2		33	40.7
	26	54.1		0	30,614	0.2						
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN						3		0	0.0		3	100.0
	0	0.0		0	277	1.0						
W4P - ANTILEPROTICS						12		5	41.6		7	58.3
	3	60.0		0	1,590	0.7						
W5A - ANTIVIRALS, GENERAL						254		105	41.3		149	58.6
	47	44.7		0	32,827	0.7						
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO						40		18	45.0		22	55.0
	11	61.1		0	4,665	0.8						
W5F - HEPATITIS B TREATMENT AGENTS						1		1	100.0		0	0.0
	1	100.0		0	423	0.2						
W5G - HEPATITIS C TREATMENT AGENTS						74		42	56.7		32	43.2
	18	42.8		0	6,485	1.1						
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC						10		4	40.0		6	60.0
	2	50.0		0	3,363	0.2						
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC						45		22	48.8		23	51.1
	12	54.5		0	10,643	0.4						
W5K - ANTIVIRALS, HIV-SPECIFIC, NON						17		14	82.3		3	17.6
	5	35.7		0	4,931	0.3						
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO						49		22	44.8		27	55.1
	15	68.1		0	4,268	1.1						
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO						20		17	85.0		3	15.0
	10	58.8		0	2,835	0.7						
W8F - IRRIGANTS						28		23	82.1		5	17.8
	0	0.0		0	12,197	0.2						
W9A - KETOLIDES						5		4	80.0		1	20.0
	4	100.0		0	877	0.5						
W9C - RIFAMYCINS AND RELATED DERIVA						4		4	100.0		0	0.0
	4	100.0		0	24	16.6						
Z2A - ANTIHISTAMINES						6,221		4,027	64.7		2,194	35.2
	1,751	43.4		0	555,440	1.1						
Z2E - IMMUNOSUPPRESSIVES						38		25	65.7		13	34.2
	11	44.0		0	28,349	0.1						
Z2G - IMMUNOMODULATORS						895		592	66.1		303	33.8
	277	46.7		0	4,762	18.7						
Z2L - MONOCLONAL ANTIBODIES TO IMMU						29		10	34.4		19	65.5
	2	20.0		0	611	4.7						
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI						380		217	57.1		163	42.8
	95	43.7		0	123,438	0.3						
HD -HIGH DOSE						**204,888**		**149,255**	**72.8**		**55,633**	**27.1**
102,506	**68.6**		**49**	**17,810,451**	**1.1**							

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THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A1B - XANTHINES	0	0.0	3	29,337	0.2	88	88	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	608	18.8	267	38,948	8.3	3,233	3,233	100.0	0	0.0
A4A - HYPOTENSIVES,VASODILATORS	0	0.0	0	14,851	0.0	1	1	100.0	0	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	1	25.0	0	104,085	0.0	4	4	100.0	0	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	115	7.9	84	433,615	0.3	1,450	1,450	100.0	0	0.0
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	112	7.4	91	130,675	1.1	1,498	1,498	100.0	0	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	134	9.3	93	33,400	4.3	1,437	1,437	100.0	0	0.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	99	9.8	27	15,359	6.5	1,004	1,004	100.0	0	0.0
A7B - VASODILATORS,CORONARY	129	23.2	20	173,639	0.3	555	555	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	30	4.7	19	308,828	0.2	638	638	100.0	0	0.0
B3J - EXPECTORANTS	450	4.2	735	171,350	6.2	10,637	10,637	100.0	0	0.0
B3K - COUGH AND/OR COLD PREPARATION	1,806	7.0	1,932	210,073	12.2	25,717	25,717	100.0	0	0.0
B3R - NON-NARC ANTITUSS-1ST GEN. AN	4	3.5	17	803	14.1	114	114	100.0	0	0.0
B3T - NON-NARCOTIC ANTITUSSIVE AND	22	19.1	23	2,365	4.8	115	115	100.0	0	0.0
C0B - WATER	0	0.0	0	2,867	0.0	2	2	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	0	0.0	1	994	1.0	10	10	100.0	0	0.0
C1A - ELECTROLYTE DEPLETERS	13	5.3	36	28,061	0.8	244	244	100.0	0	0.0
C1B - SODIUM/SALINE PREPARATIONS	14	2.1	21	21,366	2.9	639	639	100.0	0	0.0
C1D - POTASSIUM REPLACEMENT	8	4.1	10	246,076	0.0	194	194	100.0	0	0.0
C1F - CALCIUM REPLACEMENT	30	2.4	105	158,391	0.7	1,203	1,203	100.0	0	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	0	0.0	0	9,681	0.0	9	9	100.0	0	0.0
C1P - PHOSPHATE REPLACEMENT	0	0.0	0	908	3.0	28	28	100.0	0	0.0
C1W - ELECTROLYTE MAINTENANCE	0	0.0	0	3,400	0.0	1	1	100.0	0	0.0
C3B - IRON REPLACEMENT	305	5.8	444	122,855	4.2	5,194	5,194	100.0	0	0.0
C3C - ZINC REPLACEMENT	0	0.0	0	16,153	0.2	46	46	100.0	0	0.0
C3M - MINERAL REPLACEMENT,MISCELLAN	0	0.0	1	121	14.8	18	18	100.0	0	0.0
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	26	3.3	47	175,433	0.4	785	785	100.0	0	0.0
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	17	2.6	44	115,512	0.5	648	648	100.0	0	0.0
C4N - HYPOGLYCEMICS, INSULIN-RESPON	12	3.1	42	108,855	0.3	385	385	100.0	0	0.0
C5B - PROTEIN REPLACEMENT	28	9.8	0	2,446	11.6	285	285	100.0	0	0.0
C5J - IV SOLUTIONS: DEXTROSE-WATER	1	0.7	3	2,608	5.1	135	135	100.0	0	0.0
C5K - IV SOLUTIONS: DEXTROSE-SALINE	1	2.1	3	3,216	1.4	47	47	100.0	0	0.0
C6B - VITAMIN B PREPARATIONS	43	2.4	70	21,550	8.0	1,742	1,742	100.0	0	0.0
C6C - VITAMIN C PREPARATIONS	4	1.2	6	41,411	0.7	321	321	100.0	0	0.0
C6D - VITAMIN D PREPARATIONS	4	1.1	22	6,664	5.1	342	342	100.0	0	0.0
C6E - VITAMIN E PREPARATIONS	5	45.4	0	36,411	0.0	11	11	100.0	0	0.0

C6F - PRENATAL VITAMIN PREPARATIONS					5,192	5,192	100.0	0	0.0		
544	10.4	622	79,759	6.5							
C6G - GERIATRIC VITAMIN PREPARATION					163	163	100.0	0	0.0		
0	0.0	10	4,458	3.6							
C6H - PEDIATRIC VITAMIN PREPARATION					280	280	100.0	0	0.0		
11	3.9	45	17,416	1.6							
C6L - VITAMIN B12 PREPARATIONS					605	605	100.0	0	0.0		
19	3.1	33	27,391	2.2							
C6M - FOLIC ACID PREPARATIONS					1,946	1,946	100.0	0	0.0		
64	3.2	62	49,276	3.9							
C6N - NIACIN PREPARATIONS					26	26	100.0	0	0.0		
0	0.0	6	2,166	1.2							
C6Q - VITAMIN B6 PREPARATIONS					26	26	100.0	0	0.0		
3	11.5	2	5,707	0.4							
C6Z - MULTIVITAMIN PREPARATIONS					1,068	1,068	100.0	0	0.0		
21	1.9	34	260,920	0.4							
C7B - DECARBOXYLASE INHIBITORS					43	43	100.0	0	0.0		
1	2.3	2	104	41.3							
C7D - METABOLIC DEFICIENCY AGENTS					2	2	100.0	0	0.0		
0	0.0	0	2,966	0.0							
D1A - PERIODONTAL COLLAGENASE INHIB					1	1	100.0	0	0.0		
0	0.0	0	917	0.1							
D2A - FLUORIDE PREPARATIONS					4	4	100.0	0	0.0		
0	0.0	0	7,781	0.0							
D4B - ANTACIDS					276	276	100.0	0	0.0		
4	1.4	10	43,013	0.6							
D4E - ANTI-ULCER PREPARATIONS					14	14	100.0	0	0.0		
1	7.1	1	17,779	0.0							
D4F - ANTI-ULCER-H.PYLORI AGENTS					64	64	100.0	0	0.0		
2	3.1	0	2,567	2.4							
D4G - GASTRIC ENZYMES					35	35	100.0	0	0.0		
1	2.8	2	2,701	1.2							
D4K - GASTRIC ACID SECRETION REDUCE					9,750	9,750	100.0	0	0.0		
416	4.2	893	757,263	1.2							
D4N - ANTIFLATULENTS					56	56	100.0	0	0.0		
0	0.0	1	5,717	0.9							
D6D - ANTIDIARRHEALS					542	542	100.0	0	0.0		
30	5.5	28	42,897	1.2							
D6E - IRRITABLE BOWEL SYND. AGENT,5					48	48	100.0	0	0.0		
1	2.0	2	13,782	0.3							

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CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
D6F - DRUG TX-CHRONIC INFLAM. COLON						49	49	100.0	0	0.0
4	8.1		5	7,445	0.6					
D6S - LAXATIVES AND CATHARTICS						7,566	7,566	100.0	0	0.0
243	3.2		249	397,998	1.9					
D7A - BILE SALTS						10	10	100.0	0	0.0
0	0.0		0	2,674	0.3					
D7L - BILE SALT SEQUESTRANTS						37	37	100.0	0	0.0
0	0.0		0	9,674	0.3					
D8A - PANCREATIC ENZYMES						254	254	100.0	0	0.0
11	4.3		45	8,448	3.0					
D9A - AMMONIA INHIBITORS						27	27	100.0	0	0.0
1	3.7		4	6,893	0.3					
F1A - ANDROGENIC AGENTS						1	1	100.0	0	0.0
0	0.0		1	5,106	0.0					
F2A - DRUGS TO TREAT IMPOTENCY						3	3	100.0	0	0.0
3	100.0		1	3,811	0.0					
G1A - ESTROGENIC AGENTS						291	291	100.0	0	0.0
20	6.8		21	92,551	0.3					
G1B - ESTROGEN/ANDROGEN COMBINATION						95	95	100.0	0	0.0
13	13.6		16	3,594	2.6					
G2A - PROGESTATIONAL AGENTS						172	172	100.0	0	0.0
6	3.4		10	12,377	1.3					
G8A - CONTRACEPTIVES,ORAL						194	194	100.0	0	0.0
24	12.3		13	93,092	0.2					
G8C - CONTRACEPTIVES,INJECTABLE						359	359	100.0	0	0.0
14	3.8		43	15,145	2.3					
G8F - CONTRACEPTIVES,TRANSDERMAL						167	167	100.0	0	0.0
11	6.5		13	31,615	0.5					
H0A - LOCAL ANESTHETICS						32	32	100.0	0	0.0
4	12.5		5	11,696	0.2					
H0E - AGENTS TO TREAT MULTIPLE SCLE						42	42	100.0	0	0.0
1	2.3		10	9,969	0.4					
H2A - CENTRAL NERVOUS SYSTEM STIMUL						12	12	100.0	0	0.0
8	66.6		0	889	1.3					
H2C - GENERAL ANESTHETICS,INJECTABL						9	9	100.0	0	0.0
0	0.0		0	174	5.1					
H2D - BARBITURATES						46	46	100.0	0	0.0
1	2.1		2	36,933	0.1					
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT						9,753	9,753	100.0	0	0.0
1,075	11.0		395	145,287	6.7					
H2F - ANTI-ANXIETY DRUGS						9,366	9,366	100.0	0	0.0
756	8.0		396	478,444	1.9					
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE						191	191	100.0	0	0.0
44	23.0		14	42,071	0.4					
H2S - SELECTIVE SEROTONIN REUPTAKE						89,595	89,595	100.0	0	0.0
28,923	32.2		2,845	718,922	12.4					
H2U - TRICYCLIC ANTIDEPRESSANTS & R						29,112	29,112	100.0	0	0.0
4,616	15.8		1,032	135,847	21.4					
H2V - TX FOR ATTENTION DEFICIT-HYPE						254	254	100.0	0	0.0
14	5.5		21	145,088	0.1					
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN						550	550	100.0	0	0.0
42	7.6		36	2,671	20.5					
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ						327	327	100.0	0	0.0
13	3.9		12	916	35.6					
H3A - ANALGESICS,NARCOTICS						48,450	48,450	100.0	0	0.0
29,980	61.8		2,021	1,534,357	3.1					
H3D - ANALGESIC/ANTIPYRETICS, SALIC						241	241	100.0	0	0.0
20	8.2		29	202,853	0.1					
H3E - ANALGESIC/ANTIPYRETICS,NON-SA						16,022	16,022	100.0	0	0.0
1,288	8.0		646	233,331	6.8					
H3F - ANTIMIGRAINE PREPARATIONS						506	506	100.0	0	0.0
163	32.2		38	56,497	0.8					
H3H - ANALGESICS NARCOTIC, ANESTHET						9	9	100.0	0	0.0
0	0.0		2	28	32.1					
H4B - ANTICONVULSANTS						516	516	100.0	0	0.0
15	2.9		63	878,301	0.0					
H6A - ANTIPARKINSONISM DRUGS,OTHER						2,322	2,322	100.0	0	0.0
140	6.0		93	68,289	3.4					
H6C - ANTITUSSIVES,NON-NARCOTIC						370	370	100.0	0	0.0
32	8.6		20	17,677	2.0					
H6H - SKELETAL MUSCLE RELAXANTS						60	60	100.0	0	0.0
6	10.0		3	251,071	0.0					

H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	5,950	5,950	100.0	0	0.0	281	4.7	329	88,322	6.7
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	23,861	23,861	100.0	0	0.0	4,026	16.8	992	108,049	22.0
H7C - SEROTONIN-NOREPINEPHRINE REUP	22,527	22,527	100.0	0	0.0	10,766	47.7	705	127,842	17.6
H7D - NOREPINEPHRINE AND DOPAMINE R	25,256	25,256	100.0	0	0.0	4,126	16.3	1,290	106,999	23.6
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	38,730	38,730	100.0	0	0.0	3,488	9.0	1,291	125,422	30.8
H7N - SMOKING DETERRENTS, OTHER	220	220	100.0	0	0.0	19	8.6	37	1,716	12.8
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	226	226	100.0	0	0.0	35	15.4	15	767,674	0.0
H7Y - TX FOR ATTENTION DEFICIT-HYPE	7,798	7,798	100.0	0	0.0	336	4.3	483	74,253	10.5
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	746	746	100.0	0	0.0	33	4.4	108	2,718	27.4
J2A - BELLADONNA ALKALOIDS	288	288	100.0	0	0.0	4	1.3	14	19,020	1.5
J2B - ANTICHOLINERGICS,QUATERNARY A	101	101	100.0	0	0.0	1	0.9	10	6,719	1.5
J2D - ANTICHOLINERGICS/ANTISPASMODI	841	841	100.0	0	0.0	21	2.4	18	19,030	4.4
J5A - ADRENERGIC AGENTS,CATECHOLAMI	1	1	100.0	0	0.0	0	0.0	1	128	0.7
J5B - ADRENERGICS, AROMATIC, NON-CA	4	4	100.0	0	0.0	0	0.0	0	111,938	0.0
J5D - BETA-ADRENERGIC AGENTS	30,073	30,073	100.0	0	0.0	1,021	3.3	1,630	413,428	7.2
J5E - SYMPATHOMIMETIC AGENTS	155	155	100.0	0	0.0	12	7.7	13	12,649	1.2
J5F - ANAPHYLAXIS THERAPY AGENTS	5	5	100.0	0	0.0	0	0.0	2	3,876	0.1
J5G - BETA-ADRENERGICS AND GLUCOCOR	21,282	21,282	100.0	0	0.0	1,488	6.9	782	77,251	27.5
J5H - ADRENERGIC VASOPRESSOR AGENTS	37	37	100.0	0	0.0	2	5.4	7	2,514	1.4
J7B - ALPHA-ADRENERGIC BLOCKING AGE	509	509	100.0	0	0.0	22	4.3	17	29,452	1.7

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THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
J7C - BETA-ADRENERGIC BLOCKING AGEN	30	10.7	15	340,721	0.0	279	279	100.0	0	0.0
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.	10	1.0	30	57,113	1.5	911	911	100.0	0	0.0
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC	0	0.0	1	405	1.4	6	6	100.0	0	0.0
L1B - ACNE AGENTS,SYSTEMIC	3	10.0	5	819	3.6	30	30	100.0	0	0.0
L2A - EMOLLIENTS	19	10.6	23	20,630	0.8	179	179	100.0	0	0.0
L3A - PROTECTIVES	0	0.0	0	2,957	0.4	14	14	100.0	0	0.0
L3P - ANTIPRURITICS,TOPICAL	0	0.0	0	1,313	0.3	4	4	100.0	0	0.0
L5A - KERATOLYTICS	12	4.3	38	7,188	3.8	277	277	100.0	0	0.0
L5E - ANTISEBORRHEIC AGENTS	1	16.6	0	9,609	0.0	6	6	100.0	0	0.0
L5F - ANTIPSORIATICS AGENTS	0	0.0	7	4,148	2.1	88	88	100.0	0	0.0
L5G - ROSACEA AGENTS, TOPICAL	0	0.0	2	3,589	0.2	9	9	100.0	0	0.0
L5H - ACNE AGENTS,TOPICAL	5	2.3	14	5,606	3.7	213	213	100.0	0	0.0
L6A - IRRITANTS/COUNTER-IRRITANTS	0	0.0	2	3,607	1.4	51	51	100.0	0	0.0
L9A - TOPICAL AGENTS,MISCELLANEOUS	0	0.0	0	2,350	0.0	1	1	100.0	0	0.0
L9C - HYPOPIGMENTATION AGENTS	0	0.0	0	426	1.4	6	6	100.0	0	0.0
M4E - LIPOTROPICS	26	50.0	6	460,856	0.0	52	52	100.0	0	0.0
M4G - HYPERGLYCEMICS	0	0.0	0	6,068	0.1	12	12	100.0	0	0.0
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	2	2.8	14	262	26.3	69	69	100.0	0	0.0
M9K - HEPARIN AND RELATED PREPARATI	0	0.0	16	25,217	1.2	317	317	100.0	0	0.0
M9P - PLATELET AGGREGATION INHIBITO	10	2.3	18	132,853	0.3	417	417	100.0	0	0.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	0	0.0	0	984	0.1	1	1	100.0	0	0.0
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR	4	100.0	0	797	0.5	4	4	100.0	0	0.0
P4L - BONE RESORPTION INHIBITORS	0	0.0	0	141,267	0.0	42	42	100.0	0	0.0
P4M - CALCIMIMETIC,PARATHYROID CALC	3	4.6	8	1,169	5.4	64	64	100.0	0	0.0
P5A - GLUCOCORTICOIDS	488	3.3	845	240,742	6.1	14,749	14,749	100.0	0	0.0
Q3A - RECTAL PREPARATIONS	35	4.6	65	10,418	7.2	760	760	100.0	0	0.0
Q3B - RECTAL/LOWER BOWEL PREP.,GLUC	1	2.5	9	173	22.5	39	39	100.0	0	0.0
Q3D - HEMORRHOIDAL PREPARATIONS	16	4.9	21	2,272	14.2	324	324	100.0	0	0.0
Q3E - CHRONIC INFLAM. COLON DX, 5-A	16	16.1	31	629	15.7	99	99	100.0	0	0.0
Q3H - HEMORRHOIDALS, LOCAL RECTAL A	0	0.0	0	386	4.1	16	16	100.0	0	0.0
Q3S - LAXATIVES, LOCAL/RECTAL	223	2.1	303	31,311	32.8	10,285	10,285	100.0	0	0.0
Q4F - VAGINAL ANTIFUNGALS	4	13.7	8	15,051	0.1	29	29	100.0	0	0.0
Q4K - VAGINAL ESTROGEN PREPARATIONS	2	6.8	4	6,462	0.4	29	29	100.0	0	0.0
Q4S - VAGINAL SULFONAMIDES	0	0.0	0	118	0.8	1	1	100.0	0	0.0
Q5A - TOPICAL PREPARATIONS,MISCELLA	0	0.0	0	1,048	0.2	3	3	100.0	0	0.0
Q5B - TOPICAL PREPARATIONS,ANTIBACT	3	15.7	4	2,351	0.8	19	19	100.0	0	0.0

Q5F - TOPICAL ANTIFUNGALS					2,897	2,897	100.0	0	0.0
114	3.9	209	128,245	2.2					
Q5H - TOPICAL LOCAL ANESTHETICS					294	294	100.0	0	0.0
19	6.4	51	21,163	1.3					
Q5P - TOPICAL ANTI-INFLAMMATORY STE					6,857	6,857	100.0	0	0.0
323	4.7	725	106,177	6.4					
Q5R - TOPICAL ANTIPARASITICS					254	254	100.0	0	0.0
11	4.3	35	33,738	0.7					
Q5S - TOPICAL SULFONAMIDES					15	15	100.0	0	0.0
0	0.0	0	13,881	0.1					
Q5V - TOPICAL ANTIVIRALS					29	29	100.0	0	0.0
1	3.4	6	6,653	0.4					
Q5W - TOPICAL ANTIBIOTICS					1,266	1,266	100.0	0	0.0
56	4.4	66	81,984	1.5					
Q5X - TOPICAL ANTIBIOTICS/ANTIINFLA					7	7	100.0	0	0.0
0	0.0	0	257	2.7					
Q6A - OPHTHALMIC PREPARATIONS, MISC					4	4	100.0	0	0.0
0	0.0	1	575	0.6					
Q6D - EYE VASOCONSTRICTORS (OTC ONL					3	3	100.0	0	0.0
0	0.0	1	477	0.6					
Q6G - MIOTICS/OTHER INTRAOC. PRESSU					513	513	100.0	0	0.0
24	4.6	47	69,738	0.7					
Q6I - EYE ANTIBIOTIC-CORTICOID COMB					152	152	100.0	0	0.0
6	3.9	23	9,452	1.6					
Q6J - MYDRIATICS					33	33	100.0	0	0.0
1	3.0	4	3,096	1.0					
Q6P - EYE ANTIINFLAMMATORY AGENTS					190	190	100.0	0	0.0
9	4.7	19	14,151	1.3					
Q6R - EYE ANTIHISTAMINES					82	82	100.0	0	0.0
2	2.4	11	13,126	0.6					
Q6S - EYE SULFONAMIDES					38	38	100.0	0	0.0
1	2.6	1	10,886	0.3					
Q6T - ARTIFICIAL TEARS					566	566	100.0	0	0.0
18	3.1	54	34,182	1.6					
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE					142	142	100.0	0	0.0
4	2.8	13	19,429	0.7					
Q6U - OPHTHALMIC MAST CELL STABILIZ					10	10	100.0	0	0.0
1	10.0	0	4,200	0.2					
Q6W - OPHTHALMIC ANTIBIOTICS					211	211	100.0	0	0.0
6	2.8	26	54,230	0.3					

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Q6Y - EYE PREPARATIONS, MISCELLANEO						20	20	100.0	0	0.0
0	0.0		0	5,047	0.3					
Q7A - NOSE PREPARATIONS, MISCELLANE						339	339	100.0	0	0.0
10	2.9		24	2,488	13.6					
Q7E - NASAL ANTIHISTAMINE						1,584	1,584	100.0	0	0.0
59	3.7		125	5,295	29.9					
Q7H - NASAL MAST CELL STABILIZERS A						11	11	100.0	0	0.0
0	0.0		0	136	8.0					
Q7P - NASAL ANTI-INFLAMMATORY STERO						11,948	11,948	100.0	0	0.0
306	2.5		504	93,507	12.7					
Q7Y - NOSE PREPARATIONS, MISCELLANE						9	9	100.0	0	0.0
0	0.0		0	4,466	0.2					
Q8B - EAR PREPARATIONS, MISC. ANTI-						41	41	100.0	0	0.0
2	4.8		5	2,508	1.6					
Q8F - OTIC PREPARATIONS,ANTI-INFLAM						165	165	100.0	0	0.0
8	4.8		25	9,599	1.7					
Q8H - EAR PREPARATIONS,LOCAL ANESTH						11	11	100.0	0	0.0
1	9.0		2	9,550	0.1					
Q8W - EAR PREPARATIONS,ANTIBIOTICS						139	139	100.0	0	0.0
11	7.9		20	23,024	0.6					
Q9B - BENIGN PROSTATIC HYPERTROPHY/						622	622	100.0	0	0.0
25	4.0		17	32,430	1.9					
R1A - URINARY TRACT ANTISPASMODIC/A						3,753	3,753	100.0	0	0.0
106	2.8		212	113,631	3.3					
R1F - THIAZIDE AND RELATED DIURETIC						2,141	2,141	100.0	0	0.0
78	3.6		114	113,796	1.8					
R1H - POTASSIUM SPARING DIURETICS						351	351	100.0	0	0.0
19	5.4		10	52,179	0.6					
R1L - POTASSIUM SPARING DIURETICS I						1,655	1,655	100.0	0	0.0
100	6.0		59	67,818	2.4					
R1M - LOOP DIURETICS						1	1	100.0	0	0.0
0	0.0		0	391,953	0.0					

R1R - URICOSURIC AGENTS					2	2	100.0	0	0.0
	0	0.0	1	916	0.2						
R1S - URINARY PH MODIFIERS					57	57	100.0	0	0.0
	7	12.2	12	3,468	1.6						
R5A - URINARY TRACT ANESTHETIC/ANAL					12	12	100.0	0	0.0
	0	0.0	6	10,700	0.1						
S2A - COLCHICINE					1	1	100.0	0	0.0
	0	0.0	0	6,276	0.0						
S2B - NSAIDS, CYCLOOXYGENASE INHIBI					1,313	1,313	100.0	0	0.0
	902	68.6	65	502,197	0.2						
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO					1	1	100.0	0	0.0
	0	0.0	1	38	2.6						
S2P - NSAID, COX INHIBITOR-TYPE & P					214	214	100.0	0	0.0
	12	5.6	59	1,622	13.1						
U6E - OINTMENT/CREAM BASES					6	6	100.0	0	0.0
	2	33.3	2	630	0.9						
U6F - HYDROPHILIC CREAM/OINTMENT BA					17	17	100.0	0	0.0
	11	64.7	1	1,114	1.5						
U6H - SOLVENTS					364	364	100.0	0	0.0
	4	1.0	20	9,030	4.0						
U6W - BULK CHEMICALS					56	56	100.0	0	0.0
	1	1.7	7	3,751	1.4						
V1B - ANTIMETABOLITES					4	4	100.0	0	0.0
	0	0.0	2	13,022	0.0						
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE					119	119	100.0	0	0.0
	4	3.3	11	944	12.6						
V1J - ANTIANDROGENIC AGENTS					24	24	100.0	0	0.0
	0	0.0	0	1,024	2.3						
V1T - SELECTIVE ESTROGEN RECEPTOR M					25	25	100.0	0	0.0
	0	0.0	0	8,499	0.2						
W1A - PENICILLINS					239	239	100.0	0	0.0
	93	38.9	14	373,786	0.0						
W1C - TETRACYCLINES					187	187	100.0	0	0.0
	41	21.9	2	49,280	0.3						
W1D - MACROLIDES					40	40	100.0	0	0.0
	1	2.5	1	206,640	0.0						
W1F - AMINOGLYCOSIDES					92	92	100.0	0	0.0
	3	3.2	0	6,086	1.5						
W1J - VANCOMYCIN AND DERIVATIVES					158	158	100.0	0	0.0
	7	4.4	4	7,780	2.0						
W1K - LINCOSAMIDES					67	67	100.0	0	0.0
	0	0.0	0	14,912	0.4						
W1M - STREPTOGRAMINS					1	1	100.0	0	0.0
	0	0.0	0	46	2.1						
W1P - BETALACTAMS					20	20	100.0	0	0.0
	1	5.0	0	191	10.4						
W1Q - QUINOLONES					64	64	100.0	0	0.0
	1	1.5	5	164,377	0.0						
W1S - CARBAPENEMS (THIENAMYCINS)					20	20	100.0	0	0.0
	1	5.0	0	1,884	1.0						
W1W - CEPHALOSPORINS - 1ST GENERATI					1	1	100.0	0	0.0
	0	0.0	0	125,959	0.0						
W1X - CEPHALOSPORINS - 2ND GENERATI					6	6	100.0	0	0.0
	0	0.0	0	35,145	0.0						
W1Y - CEPHALOSPORINS - 3RD GENERATI					61	61	100.0	0	0.0
	1	1.6	0	59,392	0.1						
W1Z - CEPHALOSPORINS - 4TH GENERATI					57	57	100.0	0	0.0
	0	0.0	0	898	6.3						
W2A - ABSORBABLE SULFONAMIDES					145	145	100.0	0	0.0
	67	46.2	8	79,284	0.1						
W2G - CHEMOTHERAPEUTICS, ANTIBACTER					145	145	100.0	0	0.0
	9	6.2	9	3,839	3.7						
W3A - ANTIFUNGAL ANTIBIOTICS					187	187	100.0	0	0.0
	48	25.6	6	30,483	0.6						
W3B - ANTIFUNGAL AGENTS					53	53	100.0	0	0.0
	1	1.8	1	61,208	0.0						
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB					44	44	100.0	0	0.0
	0	0.0	4	30,614	0.1						
W4P - ANTILEPROTICS					8	8	100.0	0	0.0
	0	0.0	1	1,590	0.5						
W5A - ANTIVIRALS, GENERAL					18	18	100.0	0	0.0
	0	0.0	3	32,827	0.0						
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO					56	56	100.0	0	0.0
	12	21.4	2	4,665	1.2						
W5F - HEPATITIS B TREATMENT AGENTS					4	4	100.0	0	0.0
	0	0.0	0	423	0.9						
W5G - HEPATITIS C TREATMENT AGENTS					70	70	100.0	0	0.0
	5	7.1	18	6,485	1.0						

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W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	0	0.0	1	3,363	0.0	2	2	100.0	0	0.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	2	1.8	13	10,643	1.0	108	108	100.0	0	0.0
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	1	1.9	4	4,268	1.1	51	51	100.0	0	0.0
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	3	3.7	13	2,835	2.8	81	81	100.0	0	0.0
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	0	0.0	1	52	26.9	14	14	100.0	0	0.0
Z2A - ANTIHISTAMINES	716	5.3	746	555,440	2.3	13,289	13,289	100.0	0	0.0
Z2E - IMMUNOSUPPRESSIVES	0	0.0	0	28,349	0.0	1	1	100.0	0	0.0
Z2F - MAST CELL STABILIZERS	1	14.2	2	4,060	0.1	7	7	100.0	0	0.0
Z2N - 1ST GEN ANTIHISTAMINE & DECON	0	0.0	1	235	6.8	16	16	100.0	0	0.0
ID -INGREDIENT DUPLICATION	**102,502**	**18.3**	**26,711**	**17,461,873**	**3.1**	**557,826**	**557,826**	**100.0**	**0**	**0.0**

DRUG CONFLICT CODE LD or LOW DOSE

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT PCT	TOT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A1A - DIGITALIS GLYCOSIDES	14	2.7	32	114,076	0.4	506	506	100.0	0	0.0
A1B - XANTHINES	14	1.4	62	29,337	3.3	980	980	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	0	0.0	1	38,948	0.0	7	7	100.0	0	0.0
A2A - ANTIARRHYTHMICS	14	2.4	58	25,631	2.1	561	561	100.0	0	0.0
A4A - HYPOTENSIVES,VASODILATORS	1	0.6	11	14,851	1.0	159	159	100.0	0	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	28	1.1	112	104,085	2.3	2,445	2,445	100.0	0	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	10	1.2	62	433,615	0.1	801	801	100.0	0	0.0
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	0	0.0	18	130,675	0.1	156	156	100.0	0	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	0	0.0	1	33,400	0.2	79	79	100.0	0	0.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	3	2.4	11	15,359	0.7	122	122	100.0	0	0.0
A7B - VASODILATORS,CORONARY	14	1.0	80	173,639	0.7	1,297	1,297	100.0	0	0.0
A7C - VASODILATORS,PERIPHERAL	0	0.0	3	740	1.7	13	13	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	27	2.1	155	308,828	0.4	1,282	1,282	100.0	0	0.0
B3J - EXPECTORANTS	0	0.0	8	171,350	0.0	38	38	100.0	0	0.0
B3K - COUGH AND/OR COLD PREPARATION	0	0.0	2	210,073	0.0	4	4	100.0	0	0.0
C0B - WATER	0	0.0	0	2,867	0.3	11	11	100.0	0	0.0
C0D - ANTI-ALCOHOLIC PREPARATIONS	0	0.0	1	1,117	0.4	5	5	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	0	0.0	0	994	1.9	19	19	100.0	0	0.0
C1A - ELECTROLYTE DEPLETERS	17	2.8	73	28,061	2.1	593	593	100.0	0	0.0
C1B - SODIUM/SALINE PREPARATIONS	0	0.0	0	21,366	0.0	8	8	100.0	0	0.0
C1D - POTASSIUM REPLACEMENT	7	1.0	35	246,076	0.2	652	652	100.0	0	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	1	50.0	0	9,681	0.0	2	2	100.0	0	0.0
C3B - IRON REPLACEMENT	4	3.6	9	122,855	0.0	111	111	100.0	0	0.0
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	6	0.5	72	175,433	0.5	1,017	1,017	100.0	0	0.0
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	132	2.5	250	115,512	4.4	5,193	5,193	100.0	0	0.0
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	1	1.0	17	2,778	3.3	92	92	100.0	0	0.0
C4N - HYPOGLYCEMICS, INSULIN-RESPON	7	1.0	44	108,855	0.6	665	665	100.0	0	0.0
C5J - IV SOLUTIONS: DEXTROSE-WATER	0	0.0	0	2,608	0.2	6	6	100.0	0	0.0
C6B - VITAMIN B PREPARATIONS	0	0.0	0	21,550	0.0	4	4	100.0	0	0.0
C6D - VITAMIN D PREPARATIONS	5	1.8	30	6,664	3.9	265	265	100.0	0	0.0
C6F - PRENATAL VITAMIN PREPARATIONS	32	7.6	61	79,759	0.5	419	419	100.0	0	0.0
C6K - VITAMIN K PREPARATIONS	0	0.0	2	1,818	2.4	44	44	100.0	0	0.0
C6M - FOLIC ACID PREPARATIONS	0	0.0	6	49,276	0.2	102	102	100.0	0	0.0
C6N - NIACIN PREPARATIONS	0	0.0	1	2,166	0.0	1	1	100.0	0	0.0
C6Z - MULTIVITAMIN PREPARATIONS	0	0.0	1	260,920	0.0	143	143	100.0	0	0.0

C7A - HYPERURICEMIA TX - PURINE INH						136		136	100.0	0	0.0
	2	1.4	6	30,902	0.4						
C8A - METALLIC POISON,AGENTS TO TRE						3		3	100.0	0	0.0
	0	0.0	0	908	0.3						
D4E - ANTI-ULCER PREPARATIONS						275		275	100.0	0	0.0
	10	3.6	25	17,779	1.5						
D4F - ANTI-ULCER-H.PYLORI AGENTS						6		6	100.0	0	0.0
	0	0.0	1	2,567	0.2						
D4K - GASTRIC ACID SECRETION REDUCE						1,003		1,003	100.0	0	0.0
	13	1.2	113	757,263	0.1						
D6C - IRRITABLE BOWEL SYND. AGENT,5						65		65	100.0	0	0.0
	3	4.6	9	170	38.2						
D6D - ANTIDIARRHEALS						75		75	100.0	0	0.0
	1	1.3	5	42,897	0.1						
D6E - IRRITABLE BOWEL SYND. AGENT,5						1,014		1,014	100.0	0	0.0
	14	1.3	81	13,782	7.3						
D6F - DRUG TX-CHRONIC INFLAM. COLON						538		538	100.0	0	0.0
	12	2.2	57	7,445	7.2						
D6S - LAXATIVES AND CATHARTICS						492		492	100.0	0	0.0
	2	0.4	11	397,998	0.1						
D7L - BILE SALT SEQUESTRANTS						75		75	100.0	0	0.0
	0	0.0	6	9,674	0.7						
D8A - PANCREATIC ENZYMES						94		94	100.0	0	0.0
	1	1.0	14	8,448	1.1						
F1A - ANDROGENIC AGENTS						22		22	100.0	0	0.0
	0	0.0	3	5,106	0.4						
G1A - ESTROGENIC AGENTS						1,060		1,060	100.0	0	0.0
	12	1.1	81	92,551	1.1						
G1B - ESTROGEN/ANDROGEN COMBINATION						3		3	100.0	0	0.0
	0	0.0	0	3,594	0.0						
G2A - PROGESTATIONAL AGENTS						710		710	100.0	0	0.0
	36	5.0	35	12,377	5.7						
G3A - OXYTOCICS						5		5	100.0	0	0.0
	0	0.0	2	802	0.6						
G8A - CONTRACEPTIVES,ORAL						502		502	100.0	0	0.0
	21	4.1	54	93,092	0.5						
G8F - CONTRACEPTIVES,TRANSDERMAL						736		736	100.0	0	0.0
	43	5.8	70	31,615	2.3						
G9B - CONTRACEPTIVES, INTRAVAGINAL,						278		278	100.0	0	0.0
	14	5.0	21	2,423	11.4						

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H0A - LOCAL ANESTHETICS	3	17.6	3	11,696	0.1	17	17	100.0	0	0.0
H0E - AGENTS TO TREAT MULTIPLE SCLE	17	2.4	58	9,969	7.0	700	700	100.0	0	0.0
H2A - CENTRAL NERVOUS SYSTEM STIMUL	0	0.0	0	889	0.1	1	1	100.0	0	0.0
H2D - BARBITURATES	0	0.0	6	36,933	0.3	119	119	100.0	0	0.0
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	8	1.0	47	145,287	0.5	772	772	100.0	0	0.0
H2F - ANTI-ANXIETY DRUGS	60	2.6	177	478,444	0.4	2,282	2,282	100.0	0	0.0
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	1	0.2	28	42,071	1.0	444	444	100.0	0	0.0
H2M - ANTI-MANIA DRUGS	30	1.2	134	39,979	5.9	2,395	2,395	100.0	0	0.0
H2S - SELECTIVE SEROTONIN REUPTAKE	58	1.5	220	718,922	0.5	3,706	3,706	100.0	0	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	44	2.1	119	135,847	1.5	2,095	2,095	100.0	0	0.0
H2V - TX FOR ATTENTION DEFICIT-HYPE	12	0.9	75	145,088	0.8	1,289	1,289	100.0	0	0.0
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	1	5.8	2	2,671	0.6	17	17	100.0	0	0.0
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	1	0.9	4	916	11.2	103	103	100.0	0	0.0
H3A - ANALGESICS,NARCOTICS	18	3.0	115	1,534,357	0.0	600	600	100.0	0	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	5	0.8	37	202,853	0.2	598	598	100.0	0	0.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	4	2.5	13	233,331	0.0	155	155	100.0	0	0.0
H3F - ANTIMIGRAINE PREPARATIONS	254	3.9	675	56,497	11.3	6,401	6,401	100.0	0	0.0
H3T - NARCOTIC ANTAGONISTS	1	1.3	5	2,812	2.6	74	74	100.0	0	0.0
H4B - ANTICONVULSANTS	936	1.4	3,008	878,301	7.2	63,546	63,546	100.0	0	0.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	93	2.8	242	68,289	4.8	3,295	3,295	100.0	0	0.0
H6B - ANTIPARKINSONISM DRUGS,ANTICH	8	1.9	29	65,015	0.6	408	408	100.0	0	0.0
H6C - ANTITUSSIVES,NON-NARCOTIC	0	0.0	0	17,677	0.0	8	8	100.0	0	0.0
H6H - SKELETAL MUSCLE RELAXANTS	441	2.0	1,041	251,071	8.5	21,540	21,540	100.0	0	0.0
H6I - AMYOTROPHIC LATERAL SCLEROSIS	0	0.0	0	246	2.8	7	7	100.0	0	0.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	108	5.1	288	88,322	2.3	2,103	2,103	100.0	0	0.0
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	8	1.4	24	108,049	0.5	571	571	100.0	0	0.0
H7C - SEROTONIN-NOREPINEPHRINE REUP	41	5.3	127	127,842	0.6	770	770	100.0	0	0.0
H7D - NOREPINEPHRINE AND DOPAMINE R	84	3.8	153	106,999	2.0	2,194	2,194	100.0	0	0.0
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	43	1.7	129	125,422	1.9	2,442	2,442	100.0	0	0.0
H7J - MAOIS - NON-SELECTIVE & IRREV	0	0.0	0	268	1.8	5	5	100.0	0	0.0
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	3	0.9	27	32,394	0.9	304	304	100.0	0	0.0
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	20	1.5	61	5,885	21.8	1,286	1,286	100.0	0	0.0
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	3	2.2	15	866	15.2	132	132	100.0	0	0.0
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	222	1.0	976	767,674	2.7	21,419	21,419	100.0	0	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	2	0.6	8	3,969	7.3	290	290	100.0	0	0.0

H7X - ANTIPSYCHOTICS, ATYP, D2 PART						539		539	100.0	0	0.0
	4	0.7	45	52,439	1.0						
H7Y - TX FOR ATTENTION DEFICIT-HYPE						9		9	100.0	0	0.0
	0	0.0	1	74,253	0.0						
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE						1		1	100.0	0	0.0
	0	0.0	1	2,718	0.0						
J1A - PARASYMPATHETIC AGENTS						446		446	100.0	0	0.0
	10	2.2	34	4,629	9.6						
J1B - CHOLINESTERASE INHIBITORS						184		184	100.0	0	0.0
	1	0.5	13	102,555	0.1						
J2A - BELLADONNA ALKALOIDS						8		8	100.0	0	0.0
	0	0.0	2	19,020	0.0						
J2B - ANTICHOLINERGICS,QUATERNARY A						162		162	100.0	0	0.0
	0	0.0	9	6,719	2.4						
J2D - ANTICHOLINERGICS/ANTISPASMODI						42		42	100.0	0	0.0
	2	4.7	3	19,030	0.2						
J3A - SMOKING DETERRENT AGENTS (GAN						141		141	100.0	0	0.0
	5	3.5	42	16,916	0.8						
J5B - ADRENERGICS, AROMATIC, NON-CA						12		12	100.0	0	0.0
	1	8.3	3	111,938	0.0						
J5D - BETA-ADRENERGIC AGENTS						330		330	100.0	0	0.0
	10	3.0	30	413,428	0.0						
J5E - SYMPATHOMIMETIC AGENTS						41		41	100.0	0	0.0
	0	0.0	1	12,649	0.3						
J5G - BETA-ADRENERGICS AND GLUCOCOR						192		192	100.0	0	0.0
	3	1.5	34	77,251	0.2						
J5H - ADRENERGIC VASOPRESSOR AGENTS						331		331	100.0	0	0.0
	9	2.7	32	2,514	13.1						
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN						1,008		1,008	100.0	0	0.0
	10	0.9	62	42,415	2.3						
J7B - ALPHA-ADRENERGIC BLOCKING AGE						164		164	100.0	0	0.0
	3	1.8	13	29,452	0.5						
J7C - BETA-ADRENERGIC BLOCKING AGEN						2,886		2,886	100.0	0	0.0
	42	1.4	118	340,721	0.8						
J9A - INTESTINAL MOTILITY STIMULANT						7,319		7,319	100.0	0	0.0
	1,342	18.3	232	74,435	9.8						
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC						4		4	100.0	0	0.0
	0	0.0	0	405	0.9						
L2A - EMOLLIENTS						3		3	100.0	0	0.0
	0	0.0	1	20,630	0.0						

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M4E - LIPOTROPICS	21	0.9	91	460,856	0.4	2,145	2,145	100.0	0	0.0
M4G - HYPERGLYCEMICS	0	0.0	0	6,068	0.0	1	1	100.0	0	0.0
M9L - ORAL ANTICOAGULANTS,COUMARIN	49	1.4	176	163,698	2.0	3,426	3,426	100.0	0	0.0
M9P - PLATELET AGGREGATION INHIBITO	7	0.8	56	132,853	0.6	844	844	100.0	0	0.0
M9S - HEMORRHEOLOGIC AGENTS	15	12.6	7	9,699	1.2	119	119	100.0	0	0.0
N1D - PLATELET REDUCING AGENTS	0	0.0	11	441	13.6	60	60	100.0	0	0.0
P1F - PITUITARY SUPPRESSIVE AGENTS	1	1.4	9	2,826	2.4	70	70	100.0	0	0.0
P2B - ANTIDIURETIC AND VASOPRESSOR	0	0.0	0	17,853	0.0	10	10	100.0	0	0.0
P3A - THYROID HORMONES	6	2.2	33	271,569	0.0	267	267	100.0	0	0.0
P3L - ANTITHYROID PREPARATIONS	4	3.2	6	4,261	2.8	123	123	100.0	0	0.0
P4L - BONE RESORPTION INHIBITORS	14	0.6	76	141,267	1.5	2,186	2,186	100.0	0	0.0
P4M - CALCIMIMETIC,PARATHYROID CALC	0	0.0	0	1,169	0.0	1	1	100.0	0	0.0
P5A - GLUCOCORTICOIDS	36	2.1	108	240,742	0.7	1,695	1,695	100.0	0	0.0
P5S - MINERALOCORTICOIDS	0	0.0	0	5,126	0.0	5	5	100.0	0	0.0
Q3A - RECTAL PREPARATIONS	0	0.0	1	10,418	0.0	1	1	100.0	0	0.0
Q3E - CHRONIC INFLAM. COLON DX, 5-A	2	2.4	9	629	13.0	82	82	100.0	0	0.0
Q4F - VAGINAL ANTIFUNGALS	0	0.0	3	15,051	0.0	9	9	100.0	0	0.0
Q4K - VAGINAL ESTROGEN PREPARATIONS	0	0.0	1	6,462	0.2	17	17	100.0	0	0.0
Q4W - VAGINAL ANTIBIOTICS	0	0.0	0	9,778	0.0	4	4	100.0	0	0.0
Q5H - TOPICAL LOCAL ANESTHETICS	2	3.0	11	21,163	0.3	66	66	100.0	0	0.0
Q5P - TOPICAL ANTI-INFLAMMATORY STE	3	17.6	3	106,177	0.0	17	17	100.0	0	0.0
Q6W - OPHTHALMIC ANTIBIOTICS	0	0.0	0	54,230	0.0	1	1	100.0	0	0.0
Q9B - BENIGN PROSTATIC HYPERTROPHY/	1	2.0	6	32,430	0.1	49	49	100.0	0	0.0
R1A - URINARY TRACT ANTISPASMODIC/A	16	1.0	49	113,631	1.4	1,596	1,596	100.0	0	0.0
R1E - CARBONIC ANHYDRASE INHIBITORS	0	0.0	7	4,686	2.5	121	121	100.0	0	0.0
R1F - THIAZIDE AND RELATED DIURETIC	69	2.4	134	113,796	2.4	2,796	2,796	100.0	0	0.0
R1H - POTASSIUM SPARING DIURETICS	13	2.4	14	52,179	1.0	526	526	100.0	0	0.0
R1L - POTASSIUM SPARING DIURETICS I	8	0.7	36	67,818	1.4	1,010	1,010	100.0	0	0.0
R1M - LOOP DIURETICS	23	1.2	61	391,953	0.4	1,855	1,855	100.0	0	0.0
R1R - URICOSURIC AGENTS	0	0.0	1	916	0.1	1	1	100.0	0	0.0
R1S - URINARY PH MODIFIERS	2	1.6	14	3,468	3.6	125	125	100.0	0	0.0
R5A - URINARY TRACT ANESTHETIC/ANAL	0	0.0	2	10,700	0.0	5	5	100.0	0	0.0
R5B - URINARY TRACT ANALGESIC AGENT	1	3.4	8	1,155	2.5	29	29	100.0	0	0.0
S2A - COLCHICINE	0	0.0	0	6,276	0.4	27	27	100.0	0	0.0
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	76	2.3	162	502,197	0.6	3,215	3,215	100.0	0	0.0
S2C - GOLD SALTS	0	0.0	2	147	6.1	9	9	100.0	0	0.0

S2I - ANTI-INFLAMMATORY, PYRIMIDINE						31		31	100.0	0	0.0
	0	0.0	2	2,237	1.3						
S2J - ANTI-INFLAMMATORY TUMOR NECRO						384		384	100.0	0	0.0
	4	1.0	84	4,967	7.7						
U6H - SOLVENTS						1		1	100.0	0	0.0
	0	0.0	0	9,030	0.0						
U6W - BULK CHEMICALS						59		59	100.0	0	0.0
	3	5.0	1	3,751	1.5						
V1A - ALKYLATING AGENTS						1		1	100.0	0	0.0
	0	0.0	0	2,565	0.0						
V1E - STEROID ANTINEOPLASTICS						155		155	100.0	0	0.0
	3	1.9	11	14,469	1.0						
V1F - ANTINEOPLASTICS,MISCELLANEOUS						19		19	100.0	0	0.0
	1	5.2	0	4,297	0.4						
V1J - ANTIANDROGENIC AGENTS						7		7	100.0	0	0.0
	0	0.0	1	1,024	0.6						
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM						68		68	100.0	0	0.0
	1	1.4	9	955	7.1						
V1T - SELECTIVE ESTROGEN RECEPTOR M						58		58	100.0	0	0.0
	1	1.7	7	8,499	0.6						
W1A - PENICILLINS						6,515		6,515	100.0	0	0.0
	99	1.5	666	373,786	1.7						
W1C - TETRACYCLINES						655		655	100.0	0	0.0
	30	4.5	52	49,280	1.3						
W1D - MACROLIDES						2,166		2,166	100.0	0	0.0
	55	2.5	262	206,640	1.0						
W1F - AMINOGLYCOSIDES						360		360	100.0	0	0.0
	5	1.3	30	6,086	5.9						
W1G - ANTITUBERCULAR ANTIBIOTICS						71		71	100.0	0	0.0
	1	1.4	11	1,575	4.5						
W1J - VANCOMYCIN AND DERIVATIVES						31		31	100.0	0	0.0
	0	0.0	6	7,780	0.3						
W1K - LINCOSAMIDES						1,560		1,560	100.0	0	0.0
	23	1.4	105	14,912	10.4						
W1N - POLYMYXIN AND DERIVATIVES						11		11	100.0	0	0.0
	0	0.0	0	166	6.6						
W1O - OXAZOLIDINONES						16		16	100.0	0	0.0
	0	0.0	4	2,339	0.6						
W1Q - QUINOLONES						1,925		1,925	100.0	0	0.0
	37	1.9	170	164,377	1.1						

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W1S - CARBAPENEMS (THIENAMYCINS)	0	0.0	3	1,884	1.5	29	29	100.0	0	0.0
W1W - CEPHALOSPORINS - 1ST GENERATI	26	1.2	167	125,959	1.6	2,137	2,137	100.0	0	0.0
W1X - CEPHALOSPORINS - 2ND GENERATI	22	3.1	76	35,145	1.9	694	694	100.0	0	0.0
W1Y - CEPHALOSPORINS - 3RD GENERATI	5	2.1	48	59,392	0.3	232	232	100.0	0	0.0
W1Z - CEPHALOSPORINS - 4TH GENERATI	0	0.0	0	898	0.1	1	1	100.0	0	0.0
W2A - ABSORBABLE SULFONAMIDES	22	1.6	28	79,284	1.6	1,314	1,314	100.0	0	0.0
W2E - ANTI-MYCOBACTERIUM AGENTS	0	0.0	2	2,111	0.1	4	4	100.0	0	0.0
W2F - NITROFURAN DERIVATIVES	19	1.2	79	36,938	4.0	1,505	1,505	100.0	0	0.0
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	12	2.8	24	3,839	11.0	426	426	100.0	0	0.0
W3A - ANTIFUNGAL ANTIBIOTICS	103	15.9	52	30,483	2.1	644	644	100.0	0	0.0
W3B - ANTIFUNGAL AGENTS	83	2.1	307	61,208	6.4	3,952	3,952	100.0	0	0.0
W4A - ANTIMALARIAL DRUGS	6	3.3	13	33,420	0.5	178	178	100.0	0	0.0
W4C - AMEBACIDES	0	0.0	0	13	7.6	1	1	100.0	0	0.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	51	9.4	49	30,614	1.7	537	537	100.0	0	0.0
W4L - ANTHELMINTICS	0	0.0	3	2,921	1.7	51	51	100.0	0	0.0
W4M - ANTIPARASITICS	0	0.0	0	56	1.7	1	1	100.0	0	0.0
W4P - ANTILEPROTICS	0	0.0	7	1,590	3.0	49	49	100.0	0	0.0
W5A - ANTIVIRALS, GENERAL	39	2.2	173	32,827	5.3	1,758	1,758	100.0	0	0.0
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	14	1.8	68	4,665	16.3	763	763	100.0	0	0.0
W5F - HEPATITIS B TREATMENT AGENTS	0	0.0	0	423	0.4	2	2	100.0	0	0.0
W5G - HEPATITIS C TREATMENT AGENTS	1	3.0	13	6,485	0.5	33	33	100.0	0	0.0
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	0	0.0	1	3,363	0.5	18	18	100.0	0	0.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	3	1.1	23	10,643	2.4	265	265	100.0	0	0.0
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	2	3.5	5	4,931	1.1	56	56	100.0	0	0.0
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	1	1.9	4	4,268	1.2	52	52	100.0	0	0.0
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	3	5.6	14	2,835	1.8	53	53	100.0	0	0.0
W8F - IRRIGANTS	0	0.0	0	12,197	0.0	2	2	100.0	0	0.0
W9A - KETOLIDES	0	0.0	8	877	4.4	39	39	100.0	0	0.0
W9C - RIFAMYCINS AND RELATED DERIVA	0	0.0	3	24	20.8	5	5	100.0	0	0.0
Z2A - ANTIHISTAMINES	22	0.8	143	555,440	0.4	2,643	2,643	100.0	0	0.0
Z2E - IMMUNOSUPPRESSIVES	36	2.4	121	28,349	5.1	1,453	1,453	100.0	0	0.0
Z2G - IMMUNOMODULATORS	1	9.0	4	4,762	0.2	11	11	100.0	0	0.0
Z2L - MONOCLONAL ANTIBODIES TO IMMU	0	0.0	1	611	0.1	1	1	100.0	0	0.0
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	0	0.0	19	123,438	0.2	302	302	100.0	0	0.0
LD -LOW DOSE	**5,595**	**2.3**	**14,310**	**17,631,640**	**1.3**	**236,621**	**236,621**	**100.0**	**0**	**0.0**

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A1A - DIGITALIS GLYCOSIDES	448	4.5	267	114,076	8.5	9,809	9,809	100.0	0	0.0
A1B - XANTHINES	95	4.0	113	29,337	8.0	2,362	2,362	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	452	5.1	351	38,948	22.4	8,758	8,758	100.0	0	0.0
A2A - ANTIARRHYTHMICS	54	2.9	45	25,631	7.2	1,852	1,852	100.0	0	0.0
A4A - HYPOTENSIVES,VASODILATORS	48	3.4	72	14,851	9.3	1,384	1,384	100.0	0	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	813	11.3	202	104,085	6.8	7,147	7,147	100.0	0	0.0
A4C - HYPOTENSIVES,GANGLIONIC BLOCK	0	0.0	0	85	2.3	2	2	100.0	0	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	445	1.8	697	433,615	5.4	23,831	23,831	100.0	0	0.0
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	141	2.3	293	130,675	4.6	6,111	6,111	100.0	0	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	53	2.8	56	33,400	5.6	1,871	1,871	100.0	0	0.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	13	1.4	32	15,359	5.9	917	917	100.0	0	0.0
A7B - VASODILATORS,CORONARY	2,966	21.1	381	173,639	8.0	14,002	14,002	100.0	0	0.0
A7C - VASODILATORS,PERIPHERAL	0	0.0	0	740	5.9	44	44	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	921	5.3	505	308,828	5.6	17,304	17,304	100.0	0	0.0
B0A - GENERAL INHALATION AGENTS	9	1.2	35	8,408	8.6	724	724	100.0	0	0.0
B1B - PULMONARY ANTI-HTN, ENDOTHELI	0	0.0	1	542	2.2	12	12	100.0	0	0.0
B3A - MUCOLYTICS	0	0.0	63	3,065	17.3	533	533	100.0	0	0.0
B3J - EXPECTORANTS	264	1.5	543	171,350	9.7	16,750	16,750	100.0	0	0.0
B3K - COUGH AND/OR COLD PREPARATION	663	6.4	417	210,073	4.9	10,330	10,330	100.0	0	0.0
B3R - NON-NARC ANTITUSS-1ST GEN. AN	0	0.0	2	803	1.3	11	11	100.0	0	0.0
B3T - NON-NARCOTIC ANTITUSSIVE AND	4	5.9	1	2,365	2.8	67	67	100.0	0	0.0
C0B - WATER	0	0.0	11	2,867	8.4	242	242	100.0	0	0.0
C0D - ANTI-ALCOHOLIC PREPARATIONS	0	0.0	1	1,117	9.4	105	105	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	3	2.9	3	994	10.2	102	102	100.0	0	0.0
C1A - ELECTROLYTE DEPLETERS	144	3.2	436	28,061	15.7	4,412	4,412	100.0	0	0.0
C1B - SODIUM/SALINE PREPARATIONS	5	0.2	77	21,366	9.2	1,982	1,982	100.0	0	0.0
C1D - POTASSIUM REPLACEMENT	333	1.7	466	246,076	7.7	19,176	19,176	100.0	0	0.0
C1F - CALCIUM REPLACEMENT	135	1.0	278	158,391	8.0	12,726	12,726	100.0	0	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	17	3.6	28	9,681	4.8	467	467	100.0	0	0.0
C1P - PHOSPHATE REPLACEMENT	0	0.0	4	908	6.4	59	59	100.0	0	0.0
C1W - ELECTROLYTE MAINTENANCE	4	1.1	16	3,400	9.9	339	339	100.0	0	0.0
C3B - IRON REPLACEMENT	162	1.9	377	122,855	6.8	8,412	8,412	100.0	0	0.0
C3C - ZINC REPLACEMENT	10	1.3	19	16,153	4.6	748	748	100.0	0	0.0
C3H - IODINE CONTAINING AGENTS	0	0.0	1	346	20.2	70	70	100.0	0	0.0
C3M - MINERAL REPLACEMENT,MISCELLAN	0	0.0	0	121	4.1	5	5	100.0	0	0.0
C4G - INSULINS	952	1.4	1,746	253,565	25.4	64,453	64,453	100.0	0	0.0

C4K - HYPOGLYCEMICS, INSULIN-RELEAS					11,925	11,925	100.0	0	0.0		
249	2.0	472	175,433	6.7							
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE					9,356	9,356	100.0	0	0.0		
161	1.7	381	115,512	8.0							
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID					213	213	100.0	0	0.0		
2	0.9	11	2,778	7.6							
C4N - HYPOGLYCEMICS, INSULIN-RESPON					7,003	7,003	100.0	0	0.0		
116	1.6	256	108,855	6.4							
C5B - PROTEIN REPLACEMENT					20	20	100.0	0	0.0		
0	0.0	0	2,446	0.8							
C5J - IV SOLUTIONS: DEXTROSE-WATER					140	140	100.0	0	0.0		
1	0.7	2	2,608	5.3							
C5K - IV SOLUTIONS: DEXTROSE-SALINE					149	149	100.0	0	0.0		
0	0.0	7	3,216	4.6							
C5M - IV SOLUTIONS: DEXTROSE AND LA					38	38	100.0	0	0.0		
0	0.0	1	206	18.4							
C6A - VITAMIN A PREPARATIONS					4	4	100.0	0	0.0		
0	0.0	0	155	2.5							
C6B - VITAMIN B PREPARATIONS					2,035	2,035	100.0	0	0.0		
23	1.1	62	21,550	9.4							
C6C - VITAMIN C PREPARATIONS					2,697	2,697	100.0	0	0.0		
26	0.9	39	41,411	6.5							
C6D - VITAMIN D PREPARATIONS					758	758	100.0	0	0.0		
6	0.7	31	6,664	11.3							
C6E - VITAMIN E PREPARATIONS					2,407	2,407	100.0	0	0.0		
10	0.4	46	36,411	6.6							
C6F - PRENATAL VITAMIN PREPARATIONS					7,759	7,759	100.0	0	0.0		
249	3.2	730	79,759	9.7							
C6G - GERIATRIC VITAMIN PREPARATION					287	287	100.0	0	0.0		
2	0.6	13	4,458	6.4							
C6H - PEDIATRIC VITAMIN PREPARATION					1,972	1,972	100.0	0	0.0		
17	0.8	136	17,416	11.3							
C6K - VITAMIN K PREPARATIONS					122	122	100.0	0	0.0		
0	0.0	7	1,818	6.7							
C6L - VITAMIN B12 PREPARATIONS					3,903	3,903	100.0	0	0.0		
103	2.6	107	27,391	14.2							
C6M - FOLIC ACID PREPARATIONS					3,486	3,486	100.0	0	0.0		
54	1.5	54	49,276	7.0							
C6N - NIACIN PREPARATIONS					148	148	100.0	0	0.0		
1	0.6	17	2,166	6.8							

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C6Q - VITAMIN B6 PREPARATIONS	13	2.9	14	5,707	7.7	442	442	100.0	0	0.0
C6R - VITAMIN B2 PREPARATIONS	0	0.0	5	174	18.9	33	33	100.0	0	0.0
C6T - VITAMIN B1 PREPARATIONS	6	0.9	17	8,547	7.0	606	606	100.0	0	0.0
C6Z - MULTIVITAMIN PREPARATIONS	178	1.1	248	260,920	5.9	15,412	15,412	100.0	0	0.0
C7A - HYPERURICEMIA TX - PURINE INH	33	1.7	49	30,902	6.1	1,913	1,913	100.0	0	0.0
C7B - DECARBOXYLASE INHIBITORS	0	0.0	1	104	16.3	17	17	100.0	0	0.0
C7D - METABOLIC DEFICIENCY AGENTS	3	0.7	37	2,966	13.5	401	401	100.0	0	0.0
C8A - METALLIC POISON,AGENTS TO TRE	2	3.1	3	908	6.9	63	63	100.0	0	0.0
D1A - PERIODONTAL COLLAGENASE INHIB	0	0.0	5	917	5.7	53	53	100.0	0	0.0
D1D - DENTAL AIDS AND PREPARATIONS	196	5.3	82	16,795	21.8	3,667	3,667	100.0	0	0.0
D2A - FLUORIDE PREPARATIONS	4	0.2	57	7,781	17.6	1,375	1,375	100.0	0	0.0
D4B - ANTACIDS	154	1.2	217	43,013	27.7	11,926	11,926	100.0	0	0.0
D4E - ANTI-ULCER PREPARATIONS	27	2.0	62	17,779	7.4	1,327	1,327	100.0	0	0.0
D4F - ANTI-ULCER-H.PYLORI AGENTS	0	0.0	0	2,567	0.0	2	2	100.0	0	0.0
D4G - GASTRIC ENZYMES	2	0.5	13	2,701	14.0	380	380	100.0	0	0.0
D4H - ORAL MUCOSITIS/STOMATITIS AGE	0	0.0	0	42	2.3	1	1	100.0	0	0.0
D4I - ORAL MUCOSITIS/STOMATITIS ANT	0	0.0	0	58	1.7	1	1	100.0	0	0.0
D4K - GASTRIC ACID SECRETION REDUCE	918	2.0	1,365	757,263	6.0	45,516	45,516	100.0	0	0.0
D4N - ANTIFLATULENTS	8	0.5	44	5,717	24.6	1,411	1,411	100.0	0	0.0
D6A - DRUGS TO TX CHRONIC INFLAMM.	0	0.0	1	90	24.4	22	22	100.0	0	0.0
D6C - IRRITABLE BOWEL SYND. AGENT,5	0	0.0	1	170	4.1	7	7	100.0	0	0.0
D6D - ANTIDIARRHEALS	201	3.2	132	42,897	14.4	6,200	6,200	100.0	0	0.0
D6E - IRRITABLE BOWEL SYND. AGENT,5	28	1.9	63	13,782	10.4	1,436	1,436	100.0	0	0.0
D6F - DRUG TX-CHRONIC INFLAM. COLON	41	5.3	66	7,445	10.3	772	772	100.0	0	0.0
D6S - LAXATIVES AND CATHARTICS	1,334	2.4	1,276	397,998	13.8	55,016	55,016	100.0	0	0.0
D7A - BILE SALTS	5	2.0	15	2,674	9.1	244	244	100.0	0	0.0
D7D - DRUGS TO TREAT HEREDITARY TYR	0	0.0	0	32	3.1	1	1	100.0	0	0.0
D7L - BILE SALT SEQUESTRANTS	5	0.3	61	9,674	14.7	1,423	1,423	100.0	0	0.0
D8A - PANCREATIC ENZYMES	27	1.8	143	8,448	17.1	1,452	1,452	100.0	0	0.0
D9A - AMMONIA INHIBITORS	2	0.1	50	6,893	19.7	1,361	1,361	100.0	0	0.0
F1A - ANDROGENIC AGENTS	7	1.4	36	5,106	9.7	496	496	100.0	0	0.0
G1A - ESTROGENIC AGENTS	166	1.9	216	92,551	9.0	8,410	8,410	100.0	0	0.0
G1B - ESTROGEN/ANDROGEN COMBINATION	7	5.2	5	3,594	3.7	133	133	100.0	0	0.0
G2A - PROGESTATIONAL AGENTS	27	2.0	35	12,377	10.6	1,316	1,316	100.0	0	0.0
G3A - OXYTOCICS	0	0.0	0	802	0.1	1	1	100.0	0	0.0
G8A - CONTRACEPTIVES,ORAL	129	2.3	146	93,092	5.7	5,386	5,386	100.0	0	0.0

G8C - CONTRACEPTIVES,INJECTABLE					1,657	1,657	100.0	0	0.0		
52	3.1	65	15,145	10.9							
G8F - CONTRACEPTIVES,TRANSDERMAL					3,863	3,863	100.0	0	0.0		
94	2.4	88	31,615	12.2							
G9A - CONTRACEPTIVES,INTRAVAGINAL					2	2	100.0	0	0.0		
0	0.0	0	23	8.6							
G9B - CONTRACEPTIVES, INTRAVAGINAL,					194	194	100.0	0	0.0		
17	8.7	6	2,423	8.0							
H0A - LOCAL ANESTHETICS					617	617	100.0	0	0.0		
9	1.4	29	11,696	5.2							
H0E - AGENTS TO TREAT MULTIPLE SCLE					908	908	100.0	0	0.0		
62	6.8	89	9,969	9.1							
H1A - ALZHEIMER'S THERAPY, NMDA REC					415	415	100.0	0	0.0		
6	1.4	11	11,355	3.6							
H2A - CENTRAL NERVOUS SYSTEM STIMUL					29	29	100.0	0	0.0		
5	17.2	1	889	3.2							
H2C - GENERAL ANESTHETICS,INJECTABL					3	3	100.0	0	0.0		
0	0.0	0	174	1.7							
H2D - BARBITURATES					2,326	2,326	100.0	0	0.0		
40	1.7	104	36,933	6.2							
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT					8,230	8,230	100.0	0	0.0		
566	6.8	196	145,287	5.6							
H2F - ANTI-ANXIETY DRUGS					28,247	28,247	100.0	0	0.0		
1,226	4.3	803	478,444	5.9							
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE					2,519	2,519	100.0	0	0.0		
387	15.3	100	42,071	5.9							
H2L - ANTI-PSYCHOTICS,NON-PHENOTHIA					1	1	100.0	0	0.0		
0	0.0	1	17	5.8							
H2M - ANTI-MANIA DRUGS					2,053	2,053	100.0	0	0.0		
50	2.4	118	39,979	5.1							
H2S - SELECTIVE SEROTONIN REUPTAKE					42,261	42,261	100.0	0	0.0		
3,688	8.7	1,196	718,922	5.8							
H2U - TRICYCLIC ANTIDEPRESSANTS & R					8,774	8,774	100.0	0	0.0		
638	7.2	271	135,847	6.4							
H2V - TX FOR ATTENTION DEFICIT-HYPE					652	652	100.0	0	0.0		
32	4.9	32	145,088	0.4							
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN					187	187	100.0	0	0.0		
10	5.3	12	2,671	7.0							
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ					69	69	100.0	0	0.0		
3	4.3	0	916	7.5							

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H3A - ANALGESICS,NARCOTICS	15,519	18.1	1,665	1,534,357	5.5	85,640	85,640	100.0	0	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	258	2.3	229	202,853	5.3	10,954	10,954	100.0	0	0.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	2,337	4.1	708	233,331	24.1	56,253	56,253	100.0	0	0.0
H3F - ANTIMIGRAINE PREPARATIONS	457	6.8	531	56,497	11.7	6,654	6,654	100.0	0	0.0
H3T - NARCOTIC ANTAGONISTS	8	8.6	1	2,812	3.3	93	93	100.0	0	0.0
H4B - ANTICONVULSANTS	2,524	4.6	2,393	878,301	6.1	53,772	53,772	100.0	0	0.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	109	2.5	140	68,289	6.1	4,209	4,209	100.0	0	0.0
H6B - ANTIPARKINSONISM DRUGS,ANTICH	39	1.3	82	65,015	4.5	2,942	2,942	100.0	0	0.0
H6C - ANTITUSSIVES,NON-NARCOTIC	67	3.7	42	17,677	9.9	1,765	1,765	100.0	0	0.0
H6H - SKELETAL MUSCLE RELAXANTS	1,791	9.7	737	251,071	7.2	18,281	18,281	100.0	0	0.0
H6I - AMYOTROPHIC LATERAL SCLEROSIS	0	0.0	1	246	4.8	12	12	100.0	0	0.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	345	3.8	463	88,322	10.1	8,967	8,967	100.0	0	0.0
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	403	6.4	223	108,049	5.7	6,254	6,254	100.0	0	0.0
H7C - SEROTONIN-NOREPINEPHRINE REUP	1,658	26.6	200	127,842	4.8	6,229	6,229	100.0	0	0.0
H7D - NOREPINEPHRINE AND DOPAMINE R	584	8.0	325	106,999	6.7	7,229	7,229	100.0	0	0.0
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	316	4.2	186	125,422	5.9	7,412	7,412	100.0	0	0.0
H7J - MAOIS - NON-SELECTIVE & IRREV	0	0.0	1	268	4.8	13	13	100.0	0	0.0
H7N - SMOKING DETERRENTS, OTHER	4	5.1	9	1,716	4.5	78	78	100.0	0	0.0
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	327	14.7	65	32,394	6.8	2,220	2,220	100.0	0	0.0
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	26	11.3	9	5,885	3.8	229	229	100.0	0	0.0
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP	1	2.0	5	641	7.6	49	49	100.0	0	0.0
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	0	0.0	3	866	3.8	33	33	100.0	0	0.0
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	7,307	23.5	1,304	767,674	4.0	30,962	30,962	100.0	0	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	22	16.7	9	3,969	3.3	131	131	100.0	0	0.0
H7W - ANTI-NARCOLEPSY & ANTI-CATAPL	0	0.0	1	343	3.2	11	11	100.0	0	0.0
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	70	3.0	114	52,439	4.3	2,278	2,278	100.0	0	0.0
H7Y - TX FOR ATTENTION DEFICIT-HYPE	119	2.1	223	74,253	7.3	5,429	5,429	100.0	0	0.0
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	2	2.8	6	2,718	2.5	70	70	100.0	0	0.0
J1A - PARASYMPATHETIC AGENTS	10	2.3	38	4,629	9.2	426	426	100.0	0	0.0
J1B - CHOLINESTERASE INHIBITORS	91	1.5	109	102,555	5.5	5,722	5,722	100.0	0	0.0
J2A - BELLADONNA ALKALOIDS	42	1.9	71	19,020	11.5	2,192	2,192	100.0	0	0.0
J2B - ANTICHOLINERGICS,QUATERNARY A	12	1.9	39	6,719	9.3	627	627	100.0	0	0.0
J2D - ANTICHOLINERGICS/ANTISPASMODI	32	1.3	62	19,030	12.7	2,430	2,430	100.0	0	0.0
J3A - SMOKING DETERRENT AGENTS (GAN	34	3.0	112	16,916	6.6	1,123	1,123	100.0	0	0.0
J5A - ADRENERGIC AGENTS,CATECHOLAMI	0	0.0	0	128	1.5	2	2	100.0	0	0.0
J5B - ADRENERGICS, AROMATIC, NON-CA	0	0.0	0	111,938	0.0	8	8	100.0	0	0.0

J5D - BETA-ADRENERGIC AGENTS					73,438	73,438	100.0	0	0.0		
1,734	2.3	1,979	413,428	17.7							
J5E - SYMPATHOMIMETIC AGENTS					1,659	1,659	100.0	0	0.0		
48	2.8	60	12,649	13.1							
J5F - ANAPHYLAXIS THERAPY AGENTS					278	278	100.0	0	0.0		
1	0.3	12	3,876	7.1							
J5G - BETA-ADRENERGICS AND GLUCOCOR					9,658	9,658	100.0	0	0.0		
701	7.2	198	77,251	12.5							
J5H - ADRENERGIC VASOPRESSOR AGENTS					319	319	100.0	0	0.0		
3	0.9	21	2,514	12.6							
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN					2,616	2,616	100.0	0	0.0		
113	4.3	107	42,415	6.1							
J7B - ALPHA-ADRENERGIC BLOCKING AGE					1,753	1,753	100.0	0	0.0		
78	4.4	39	29,452	5.9							
J7C - BETA-ADRENERGIC BLOCKING AGEN					21,907	21,907	100.0	0	0.0		
700	3.1	553	340,721	6.4							
J8A - ANOREXIC AGENTS					1	1	100.0	0	0.0		
0	0.0	0	2,541	0.0							
J9A - INTESTINAL MOTILITY STIMULANT					7,899	7,899	100.0	0	0.0		
1,269	16.0	194	74,435	10.6							
J9B - ANTISPASMODIC AGENTS					6	6	100.0	0	0.0		
1	16.6	0	281	2.1							
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.					19,409	19,409	100.0	0	0.0		
39	0.2	172	57,113	33.9							
L0C - DIABETIC ULCER PREPARATIONS,T					410	410	100.0	0	0.0		
0	0.0	24	1,473	27.8							
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC					33	33	100.0	0	0.0		
0	0.0	2	405	8.1							
L1B - ACNE AGENTS,SYSTEMIC					8	8	100.0	0	0.0		
0	0.0	0	819	0.9							
L2A - EMOLLIENTS					4,260	4,260	100.0	0	0.0		
56	1.3	144	20,630	20.6							
L3A - PROTECTIVES					139	139	100.0	0	0.0		
0	0.0	6	2,957	4.7							
L3P - ANTIPRURITICS,TOPICAL					237	237	100.0	0	0.0		
0	0.0	12	1,313	18.0							
L4A - ASTRINGENTS					3	3	100.0	0	0.0		
0	0.0	0	143	2.0							
L5A - KERATOLYTICS					1,448	1,448	100.0	0	0.0		
23	1.5	67	7,188	20.1							

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L5E - ANTISEBORRHEIC AGENTS	19	0.7	57	9,609	28.1	2,704	2,704	100.0	0	0.0
L5F - ANTIPSORIATICS AGENTS	7	0.7	36	4,148	22.7	943	943	100.0	0	0.0
L5G - ROSACEA AGENTS, TOPICAL	8	0.7	33	3,589	29.6	1,064	1,064	100.0	0	0.0
L5H - ACNE AGENTS,TOPICAL	4	0.3	66	5,606	22.7	1,276	1,276	100.0	0	0.0
L6A - IRRITANTS/COUNTER-IRRITANTS	2	0.1	23	3,607	27.8	1,005	1,005	100.0	0	0.0
L7A - SHAMPOOS/LOTION	3	8.5	1	215	16.2	35	35	100.0	0	0.0
L8B - ANTIPERSPIRANTS	1	1.4	5	632	10.7	68	68	100.0	0	0.0
L9A - TOPICAL AGENTS,MISCELLANEOUS	8	1.6	29	2,350	20.5	482	482	100.0	0	0.0
L9B - VITAMIN A DERIVATIVES	4	0.5	23	8,710	8.3	724	724	100.0	0	0.0
L9C - HYPOPIGMENTATION AGENTS	0	0.0	7	426	19.7	84	84	100.0	0	0.0
M0B - PLASMA PROTEINS	0	0.0	0	54	9.2	5	5	100.0	0	0.0
M0E - ANTIHEMOPHILIC FACTORS	4	1.8	6	1,104	19.8	219	219	100.0	0	0.0
M0F - FACTOR IX PREPARATIONS	0	0.0	4	247	11.7	29	29	100.0	0	0.0
M4B - IV FAT EMULSIONS	0	0.0	0	93	6.4	6	6	100.0	0	0.0
M4E - LIPOTROPICS	2,164	7.2	743	460,856	6.4	29,805	29,805	100.0	0	0.0
M4G - HYPERGLYCEMICS	14	1.0	69	6,068	21.5	1,308	1,308	100.0	0	0.0
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	0	0.0	0	262	3.0	8	8	100.0	0	0.0
M9A - TOPICAL HEMOSTATICS	0	0.0	3	66	33.3	22	22	100.0	0	0.0
M9D - ANTIFIBRINOLYTIC AGENTS	0	0.0	1	191	5.7	11	11	100.0	0	0.0
M9F - THROMBOLYTIC ENZYMES	0	0.0	0	160	2.5	4	4	100.0	0	0.0
M9K - HEPARIN AND RELATED PREPARATI	11	0.3	148	25,217	13.3	3,376	3,376	100.0	0	0.0
M9L - ORAL ANTICOAGULANTS,COUMARIN	372	2.5	376	163,698	9.0	14,862	14,862	100.0	0	0.0
M9M - ORAL ANTICOAGULANTS,INDANDION	0	0.0	0	10	30.0	3	3	100.0	0	0.0
M9P - PLATELET AGGREGATION INHIBITO	124	1.4	180	132,853	6.6	8,840	8,840	100.0	0	0.0
M9S - HEMORRHEOLOGIC AGENTS	35	3.5	51	9,699	10.1	988	988	100.0	0	0.0
N1B - HEMATINICS,OTHER	7	0.2	147	19,219	13.9	2,672	2,672	100.0	0	0.0
N1C - LEUKOCYTE (WBC) STIMULANTS	0	0.0	16	1,384	7.3	102	102	100.0	0	0.0
N1D - PLATELET REDUCING AGENTS	2	4.0	9	441	11.1	49	49	100.0	0	0.0
N1E - PLATELET PROLIFERATION STIMUL	0	0.0	0	8	12.5	1	1	100.0	0	0.0
P0B - FOLLICLE STIM./LUTEINIZING HO	1	0.0	0	52	1.9	1	1	100.0	0	0.0
P1A - GROWTH HORMONES	15	4.8	14	3,434	9.0	311	311	100.0	0	0.0
P1B - SOMATOSTATIC AGENTS	4	4.7	10	611	13.7	84	84	100.0	0	0.0
P1E - ADRENOCORTICOTROPHIC HORMONES	0	0.0	1	58	8.6	5	5	100.0	0	0.0
P1F - PITUITARY SUPPRESSIVE AGENTS	8	3.3	9	2,826	8.4	240	240	100.0	0	0.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	4	5.0	10	984	8.0	79	79	100.0	0	0.0
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR	54	98.1	1	797	6.9	55	55	100.0	0	0.0

P1U - METABOLIC FUNCTION DIAGNOSTIC					10		10	100.0		0	0.0
	0	0.0	1	52	19.2						
P2B - ANTIDIURETIC AND VASOPRESSOR					2,165		2,165	100.0		0	0.0
	30	1.3	89	17,853	12.1						
P3A - THYROID HORMONES					14,547		14,547	100.0		0	0.0
	237	1.6	529	271,569	5.3						
P3L - ANTITHYROID PREPARATIONS					373		373	100.0		0	0.0
	9	2.4	23	4,261	8.7						
P4B - BONE FORMATION STIM. AGENTS -					221		221	100.0		0	0.0
	0	0.0	17	1,475	14.9						
P4L - BONE RESORPTION INHIBITORS					13,162		13,162	100.0		0	0.0
	382	2.9	245	141,267	9.3						
P4M - CALCIMIMETIC,PARATHYROID CALC					49		49	100.0		0	0.0
	1	2.0	4	1,169	4.1						
P5A - GLUCOCORTICOIDS					19,286		19,286	100.0		0	0.0
	516	2.6	573	240,742	8.0						
P5S - MINERALOCORTICOIDS					374		374	100.0		0	0.0
	6	1.6	18	5,126	7.2						
Q2C - OPHTHALMIC ANTI-INFLAMMATORY					608		608	100.0		0	0.0
	0	0.0	29	2,144	28.3						
Q3A - RECTAL PREPARATIONS					1,354		1,354	100.0		0	0.0
	24	1.7	30	10,418	12.9						
Q3B - RECTAL/LOWER BOWEL PREP.,GLUC					16		16	100.0		0	0.0
	0	0.0	2	173	9.2						
Q3D - HEMORRHOIDAL PREPARATIONS					382		382	100.0		0	0.0
	20	5.2	6	2,272	16.8						
Q3E - CHRONIC INFLAM. COLON DX, 5-A					70		70	100.0		0	0.0
	2	2.8	7	629	11.1						
Q3H - HEMORRHOIDALS, LOCAL RECTAL A					38		38	100.0		0	0.0
	0	0.0	0	386	9.8						
Q3S - LAXATIVES, LOCAL/RECTAL					8,303		8,303	100.0		0	0.0
	159	1.9	163	31,311	26.5						
Q4A - VAGINAL PREPARATIONS					3		3	100.0		0	0.0
	0	0.0	1	151	1.9						
Q4B - VAGINAL ANTISEPTICS					15		15	100.0		0	0.0
	0	0.0	0	175	8.5						
Q4F - VAGINAL ANTIFUNGALS					330		330	100.0		0	0.0
	0	0.0	12	15,051	2.1						
Q4K - VAGINAL ESTROGEN PREPARATIONS					910		910	100.0		0	0.0
	16	1.7	24	6,462	14.0						

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Q4S - VAGINAL SULFONAMIDES						4	4	100.0	0	0.0
0	0.0		0	118	3.3					
Q4W - VAGINAL ANTIBIOTICS						37	37	100.0	0	0.0
0	0.0		1	9,778	0.3					
Q5A - TOPICAL PREPARATIONS,MISCELLA						113	113	100.0	0	0.0
0	0.0		9	1,048	10.7					
Q5B - TOPICAL PREPARATIONS,ANTIBACT						392	392	100.0	0	0.0
3	0.7		23	2,351	16.6					
Q5F - TOPICAL ANTIFUNGALS						20,613	20,613	100.0	0	0.0
213	1.0		514	128,245	16.0					
Q5H - TOPICAL LOCAL ANESTHETICS						4,151	4,151	100.0	0	0.0
145	3.4		212	21,163	19.6					
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE						3,422	3,422	100.0	0	0.0
27	0.7		159	19,429	17.6					
Q5N - TOPICAL ANTINEOPLASTIC & PREM						51	51	100.0	0	0.0
1	1.9		1	416	12.2					
Q5P - TOPICAL ANTI-INFLAMMATORY STE						17,021	17,021	100.0	0	0.0
222	1.3		668	106,177	16.0					
Q5R - TOPICAL ANTIPARASITICS						1,968	1,968	100.0	0	0.0
22	1.1		130	33,738	5.8					
Q5S - TOPICAL SULFONAMIDES						3,071	3,071	100.0	0	0.0
16	0.5		41	13,881	22.1					
Q5V - TOPICAL ANTIVIRALS						908	908	100.0	0	0.0
5	0.5		58	6,653	13.6					
Q5W - TOPICAL ANTIBIOTICS						12,825	12,825	100.0	0	0.0
121	0.9		347	81,984	15.6					
Q5X - TOPICAL ANTIBIOTICS/ANTIINFLA						48	48	100.0	0	0.0
0	0.0		1	257	18.6					
Q6A - OPHTHALMIC PREPARATIONS, MISC						5	5	100.0	0	0.0
0	0.0		1	575	0.8					
Q6C - EYE VASOCONSTRICTORS (RX ONLY						43	43	100.0	0	0.0
0	0.0		7	232	18.5					
Q6D - EYE VASOCONSTRICTORS (OTC ONL						41	41	100.0	0	0.0
0	0.0		1	477	8.5					
Q6G - MIOTICS/OTHER INTRAOC. PRESSU						22,290	22,290	100.0	0	0.0
562	2.5		567	69,738	31.9					
Q6H - EYE LOCAL ANESTHETICS						1	1	100.0	0	0.0
0	0.0		0	22	4.5					
Q6I - EYE ANTIBIOTIC-CORTICOID COMB						327	327	100.0	0	0.0
0	0.0		25	9,452	3.4					
Q6J - MYDRIATICS						541	541	100.0	0	0.0
5	0.9		17	3,096	17.4					
Q6P - EYE ANTIINFLAMMATORY AGENTS						2,507	2,507	100.0	0	0.0
53	2.1		108	14,151	17.7					
Q6R - EYE ANTIHISTAMINES						1,307	1,307	100.0	0	0.0
25	1.9		55	13,126	9.9					
Q6S - EYE SULFONAMIDES						181	181	100.0	0	0.0
1	0.5		7	10,886	1.6					
Q6T - ARTIFICIAL TEARS						13,333	13,333	100.0	0	0.0
162	1.2		270	34,182	39.0					
Q6U - OPHTHALMIC MAST CELL STABILIZ						596	596	100.0	0	0.0
7	1.1		20	4,200	14.1					
Q6V - EYE ANTIVIRALS						24	24	100.0	0	0.0
1	4.1		2	265	9.0					
Q6W - OPHTHALMIC ANTIBIOTICS						2,602	2,602	100.0	0	0.0
40	1.5		78	54,230	4.7					
Q6Y - EYE PREPARATIONS, MISCELLANEO						2,453	2,453	100.0	0	0.0
10	0.4		44	5,047	48.6					
Q7A - NOSE PREPARATIONS, MISCELLANE						643	643	100.0	0	0.0
15	2.3		33	2,488	25.8					
Q7C - NOSE PREPARATIONS, VASOCONSTR						2	2	100.0	0	0.0
0	0.0		0	19	10.5					
Q7E - NASAL ANTIHISTAMINE						964	964	100.0	0	0.0
25	2.5		60	5,295	18.2					
Q7H - NASAL MAST CELL STABILIZERS A						23	23	100.0	0	0.0
0	0.0		3	136	16.9					
Q7P - NASAL ANTI-INFLAMMATORY STERO						18,591	18,591	100.0	0	0.0
384	2.0		308	93,507	19.8					
Q7W - NOSE PREPARATIONS ANTIBIOTICS						59	59	100.0	0	0.0
0	0.0		2	417	14.1					
Q7Y - NOSE PREPARATIONS, MISCELLANE						660	660	100.0	0	0.0
0	0.0		11	4,466	14.7					

Q8B - EAR PREPARATIONS, MISC. ANTI-					252		252	100.0		0	0.0	
	8	3.1	15	2,508	10.0							
Q8F - OTIC PREPARATIONS,ANTI-INFLAM					169		169	100.0		0	0.0	
	1	0.5	5	9,599	1.7							
Q8H - EAR PREPARATIONS,LOCAL ANESTH					100		100	100.0		0	0.0	
	0	0.0	0	9,550	1.0							
Q8R - EAR PREPARATIONS,EAR WAX REMO					217		217	100.0		0	0.0	
	0	0.0	10	5,263	4.1							
Q8W - EAR PREPARATIONS,ANTIBIOTICS					611		611	100.0		0	0.0	
	10	1.6	34	23,024	2.6							
Q9B - BENIGN PROSTATIC HYPERTROPHY/					1,734		1,734	100.0		0	0.0	
	24	1.3	28	32,430	5.3							
R1A - URINARY TRACT ANTISPASMODIC/A					7,473		7,473	100.0		0	0.0	
	135	1.8	285	113,631	6.5							
R1E - CARBONIC ANHYDRASE INHIBITORS					370		370	100.0		0	0.0	
	18	4.8	9	4,686	7.8							
R1F - THIAZIDE AND RELATED DIURETIC					7,522		7,522	100.0		0	0.0	
	110	1.4	232	113,796	6.6							
R1H - POTASSIUM SPARING DIURETICS					3,706		3,706	100.0		0	0.0	
	87	2.3	76	52,179	7.1							
R1L - POTASSIUM SPARING DIURETICS I					4,747		4,747	100.0		0	0.0	
	121	2.5	126	67,818	6.9							
R1M - LOOP DIURETICS					24,982		24,982	100.0		0	0.0	
	650	2.6	480	391,953	6.3							
R1R - URICOSURIC AGENTS					85		85	100.0		0	0.0	
	0	0.0	3	916	9.2							
R1S - URINARY PH MODIFIERS					619		619	100.0		0	0.0	
	7	1.1	33	3,468	17.8							
R4A - KIDNEY STONE AGENTS					8		8	100.0		0	0.0	
	0	0.0	0	85	9.4							
R5A - URINARY TRACT ANESTHETIC/ANAL					310		310	100.0		0	0.0	
	10	3.2	16	10,700	2.8							
R5B - URINARY TRACT ANALGESIC AGENT					133		133	100.0		0	0.0	
	11	8.2	5	1,155	11.5							
S2A - COLCHICINE					608		608	100.0		0	0.0	
	16	2.6	15	6,276	9.6							
S2B - NSAIDS, CYCLOOXYGENASE INHIBI					37,326		37,326	100.0		0	0.0	
	2,419	6.4	1,036	502,197	7.4							

DRUG CONFLICT CODE LR or UNDERUSE

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
S2C - GOLD SALTS	2	14.2	0	147	9.5	14	14	100.0	0	0.0
S2H - ANTI-INFLAMMATORY/ANTIARTHRIT	0	0.0	0	479	0.2	1	1	100.0	0	0.0
S2I - ANTI-INFLAMMATORY, PYRIMIDINE	7	3.8	12	2,237	8.2	184	184	100.0	0	0.0
S2J - ANTI-INFLAMMATORY TUMOR NECRO	20	3.2	89	4,967	12.4	616	616	100.0	0	0.0
S2M - ANTI-FLAM. INTERLEUKIN-1 RECE	0	0.0	2	108	6.4	7	7	100.0	0	0.0
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO	0	0.0	0	38	2.6	1	1	100.0	0	0.0
S2P - NSAID, COX INHIBITOR-TYPE & P	1	2.0	5	1,622	3.0	50	50	100.0	0	0.0
S7A - NEUROMUSCULAR BLOCKING AGENTS	0	0.0	0	128	5.4	7	7	100.0	0	0.0
U6A - PHARMACEUTICAL ADJUVANTS, TAB	2	1.6	4	915	13.1	120	120	100.0	0	0.0
U6C - THICKENING AGENTS, ORAL	0	0.0	8	447	21.7	97	97	100.0	0	0.0
U6E - OINTMENT/CREAM BASES	0	0.0	8	630	23.4	148	148	100.0	0	0.0
U6F - HYDROPHILIC CREAM/OINTMENT BA	3	1.3	1	1,114	20.0	223	223	100.0	0	0.0
U6H - SOLVENTS	2	0.1	45	9,030	12.9	1,170	1,170	100.0	0	0.0
U6N - VEHICLES	104	1.2	119	26,724	31.0	8,290	8,290	100.0	0	0.0
U6W - BULK CHEMICALS	11	4.0	17	3,751	7.1	269	269	100.0	0	0.0
U7A - SUSPENDING AGENTS	0	0.0	0	35	5.7	2	2	100.0	0	0.0
V1A - ALKYLATING AGENTS	2	0.6	19	2,565	11.8	303	303	100.0	0	0.0
V1B - ANTIMETABOLITES	24	1.4	78	13,022	12.4	1,618	1,618	100.0	0	0.0
V1E - STEROID ANTINEOPLASTICS	20	0.6	66	14,469	20.0	2,904	2,904	100.0	0	0.0
V1F - ANTINEOPLASTICS,MISCELLANEOUS	0	0.0	7	4,297	5.7	248	248	100.0	0	0.0
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE	2	1.6	5	944	12.9	122	122	100.0	0	0.0
V1J - ANTIANDROGENIC AGENTS	0	0.0	5	1,024	6.9	71	71	100.0	0	0.0
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	16	32.0	8	238	21.0	50	50	100.0	0	0.0
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	1	1.3	18	955	7.9	76	76	100.0	0	0.0
V1T - SELECTIVE ESTROGEN RECEPTOR M	11	1.8	22	8,499	7.1	605	605	100.0	0	0.0
W1A - PENICILLINS	57	1.2	152	373,786	1.1	4,427	4,427	100.0	0	0.0
W1C - TETRACYCLINES	50	1.7	109	49,280	5.7	2,817	2,817	100.0	0	0.0
W1D - MACROLIDES	49	2.1	113	206,640	1.0	2,235	2,235	100.0	0	0.0
W1E - CHLORAMPHENICOL AND DERIVATIV	0	0.0	0	10	10.0	1	1	100.0	0	0.0
W1F - AMINOGLYCOSIDES	14	3.5	22	6,086	6.5	400	400	100.0	0	0.0
W1G - ANTITUBERCULAR ANTIBIOTICS	1	1.6	7	1,575	3.8	61	61	100.0	0	0.0
W1J - VANCOMYCIN AND DERIVATIVES	6	1.4	22	7,780	5.3	420	420	100.0	0	0.0
W1K - LINCOSAMIDES	4	1.0	14	14,912	2.5	382	382	100.0	0	0.0
W1L - ANTIBIOTICS, MISCELLANEOUS, O	0	0.0	0	9	11.1	1	1	100.0	0	0.0
W1N - POLYMYXIN AND DERIVATIVES	0	0.0	0	166	12.0	20	20	100.0	0	0.0

W1O - OXAZOLIDINONES						25		25	100.0	0	0.0
	1	4.0		2	2,339	1.0					
W1P - BETALACTAMS						3		3	100.0	0	0.0
	0	0.0		0	191	1.5					
W1Q - QUINOLONES						2,400		2,400	100.0	0	0.0
	101	4.2		118	164,377	1.4					
W1S - CARBAPENEMS (THIENAMYCINS)						49		49	100.0	0	0.0
	8	16.3		0	1,884	2.6					
W1W - CEPHALOSPORINS - 1ST GENERATI						2,124		2,124	100.0	0	0.0
	29	1.3		55	125,959	1.6					
W1X - CEPHALOSPORINS - 2ND GENERATI						328		328	100.0	0	0.0
	1	0.3		24	35,145	0.9					
W1Y - CEPHALOSPORINS - 3RD GENERATI						340		340	100.0	0	0.0
	5	1.4		24	59,392	0.5					
W1Z - CEPHALOSPORINS - 4TH GENERATI						5		5	100.0	0	0.0
	0	0.0		0	898	0.5					
W2A - ABSORBABLE SULFONAMIDES						3,204		3,204	100.0	0	0.0
	74	2.3		99	79,284	4.0					
W2E - ANTI-MYCOBACTERIUM AGENTS						112		112	100.0	0	0.0
	7	6.2		9	2,111	5.3					
W2F - NITROFURAN DERIVATIVES						1,231		1,231	100.0	0	0.0
	46	3.7		33	36,938	3.3					
W2G - CHEMOTHERAPEUTICS, ANTIBACTER						301		301	100.0	0	0.0
	14	4.6		9	3,839	7.8					
W2Y - ANTI-INFECTIVES, MISC. (ANTIB						1		1	100.0	0	0.0
	0	0.0		0	13	7.6					
W3A - ANTIFUNGAL ANTIBIOTICS						1,385		1,385	100.0	0	0.0
	57	4.1		69	30,483	4.5					
W3B - ANTIFUNGAL AGENTS						3,186		3,186	100.0	0	0.0
	77	2.4		151	61,208	5.2					
W4A - ANTIMALARIAL DRUGS						3,512		3,512	100.0	0	0.0
	69	1.9		130	33,420	10.5					
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB						345		345	100.0	0	0.0
	8	2.3		8	30,614	1.1					
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN						18		18	100.0	0	0.0
	0	0.0		1	277	6.4					
W4L - ANTHELMINTICS						73		73	100.0	0	0.0
	0	0.0		2	2,921	2.4					
W4M - ANTIPARASITICS						1		1	100.0	0	0.0
	0	0.0		0	56	1.7					

DRUG CONFLICT CODE LR or UNDERUSE

FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERRIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
W4P - ANTILEPROTICS	1	0.9	7	1,590	6.5	104	104	100.0	0	0.0
W5A - ANTIVIRALS, GENERAL	21	1.2	78	32,827	5.1	1,685	1,685	100.0	0	0.0
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	13	3.3	20	4,665	8.2	387	387	100.0	0	0.0
W5D - ANTIVIRAL MONOCLONAL ANTIBODI	3	1.1	7	3,448	7.4	257	257	100.0	0	0.0
W5F - HEPATITIS B TREATMENT AGENTS	0	0.0	1	423	9.4	40	40	100.0	0	0.0
W5G - HEPATITIS C TREATMENT AGENTS	17	3.3	62	6,485	7.7	501	501	100.0	0	0.0
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	0	0.0	18	3,363	7.8	263	263	100.0	0	0.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	29	3.4	67	10,643	7.8	834	834	100.0	0	0.0
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	3	0.8	17	4,931	7.2	356	356	100.0	0	0.0
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	2	0.6	11	4,268	6.7	289	289	100.0	0	0.0
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	2	0.9	23	2,835	7.3	209	209	100.0	0	0.0
W5N - ANTIVIRALS, HIV-SPECIFIC, FUS	1	5.2	0	269	7.0	19	19	100.0	0	0.0
W7B - VIRAL/TUMORIGENIC VACCINES	0	0.0	3	433	11.0	48	48	100.0	0	0.0
W7K - ANTISERA	3	4.7	7	537	11.7	63	63	100.0	0	0.0
W7L - GRAM POSITIVE COCCI VACCINES	0	0.0	0	2,640	0.0	1	1	100.0	0	0.0
W8D - OXIDIZING AGENTS	1	0.7	8	805	16.0	129	129	100.0	0	0.0
W8F - IRRIGANTS	11	0.7	64	12,197	11.3	1,384	1,384	100.0	0	0.0
W8T - PRESERVATIVES	0	0.0	1	106	1.8	2	2	100.0	0	0.0
W9A - KETOLIDES	0	0.0	0	877	0.4	4	4	100.0	0	0.0
W9B - CYCLIC LIPOPEPTIDES	0	0.0	2	204	13.2	27	27	100.0	0	0.0
X5B - BANDAGES AND RELATED SUPPLIES	1	0.0	0	3,775	0.0	1	1	100.0	0	0.0
Z2A - ANTIHISTAMINES	948	1.9	1,358	555,440	8.8	48,958	48,958	100.0	0	0.0
Z2E - IMMUNOSUPPRESSIVES	59	2.2	197	28,349	9.1	2,606	2,606	100.0	0	0.0
Z2F - MAST CELL STABILIZERS	18	1.7	50	4,060	25.7	1,045	1,045	100.0	0	0.0
Z2G - IMMUNOMODULATORS	39	14.4	9	4,762	5.6	269	269	100.0	0	0.0
Z2H - SYSTEMIC ENZYME INHIBITORS	0	0.0	0	147	4.7	7	7	100.0	0	0.0
Z2L - MONOCLONAL ANTIBODIES TO IMMU	2	5.8	3	611	5.5	34	34	100.0	0	0.0
Z2N - 1ST GEN ANTIHISTAMINE & DECON	0	0.0	0	235	1.7	4	4	100.0	0	0.0
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	141	1.1	296	123,438	10.2	12,706	12,706	100.0	0	0.0
LR -UNDERUSE	**72,052**	**4.7**	**45,256**	**19,228,833**	**7.8**	**1,514,260**	**1,514,260**	**100.0**	**0**	**0.0**

DRUG CONFLICT CODE MX or EXCESSIVE DURATION

FISCAL YEAR 2003-10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	CLAIMS MESSAGES	PAID	PAID PCT	CLAIMS DENIED	DENY PCT
D6S - LAXATIVES AND CATHARTICS	3	18.7	1	397,998	0.0	16	16	100.0	0	0.0
Q5F - TOPICAL ANTIFUNGALS	0	0.0	0	128,245	0.0	1	1	100.0	0	0.0
W1F - AMINOGLYCOSIDES	0	0.0	0	6,086	0.0	2	2	100.0	0	0.0
W3A - ANTIFUNGAL ANTIBIOTICS	0	0.0	0	30,483	0.0	1	1	100.0	0	0.0
MX -EXCESSIVE DURATION	**3**	**15.0**	**1**	**562,812**	**0.0**	**20**	**20**	**100.0**	**0**	**0.0**

DRUG CONFLICT CODE PA DRUG-AGE

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003-10-01 - 2004-09-30

CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A2A - ANTIARRHYTHMICS					2	0	0.0	2	0.0
0	0.0		0	25,631	0.0				
A4B - HYPOTENSIVES,SYMPATHOLYTIC					3,625	3,175	87.5	450	12.4
3,164	99.6		0	104,085	3.4				
B3J - EXPECTORANTS					1,680	280	16.6	1,400	83.3
280	0.0		0	171,350	0.9				
B3K - COUGH AND/OR COLD PREPARATION					18,737	14,700	78.4	4,037	21.5
14,692	99.9		0	210,073	8.9				
B3O - 1ST GEN ANTIHISTAMINE-DECONGE					1	0	0.0	1	0.0
0	0.0		0	1	0.0				
B3R - NON-NARC ANTITUSS-1ST GEN. AN					28	28	0.0	0	0.0
0	0.0		6	803	3.4				
C0B - WATER					1	1	100.0	0	0.0
0	0.0		0	2,867	0.0				
D1A - PERIODONTAL COLLAGENASE INHIB					1	0	0.0	1	0.0
0	0.0		0	917	0.1				
D4B - ANTACIDS					4	4	100.0	0	0.0
4	100.0		0	43,013	0.0				
D4E - ANTI-ULCER PREPARATIONS					3	3	100.0	0	0.0
1	33.3		0	17,779	0.0				
D4F - ANTI-ULCER-H.PYLORI AGENTS					1	0	0.0	1	0.0
0	0.0		0	2,567	0.0				
F1A - ANDROGENIC AGENTS					47	25	53.1	22	46.8
25	100.0		0	5,106	0.9				
G1B - ESTROGEN/ANDROGEN COMBINATION					6	0	0.0	6	0.0
0	0.0		0	3,594	0.1				
H0A - LOCAL ANESTHETICS					7	3	42.8	4	57.1
3	100.0		0	11,696	0.0				
H2S - SELECTIVE SEROTONIN REUPTAKE					2,020	1,704	84.3	316	15.6
1,696	99.5		0	718,922	0.2				
H3A - ANALGESICS,NARCOTICS					24	12	50.0	12	50.0
11	91.6		0	1,534,357	0.0				
H3D - ANALGESIC/ANTIPYRETICS, SALIC					3	2	66.6	1	33.3
2	00.0		0	202,853	0.0				
H4B - ANTICONVULSANTS					3,069	2,590	84.3	479	15.6
2,567	99.1		0	878,301	0.3				
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS					50	34	68.0	16	32.0
34	100.0		0	88,322	0.0				
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM					55	47	85.4	8	14.5
47	100.0		0	767,674	0.0				
J5D - BETA-ADRENERGIC AGENTS					3	3	100.0	0	0.0
3	100.0		0	413,428	0.0				
L5A - KERATOLYTICS					2	1	50.0	1	50.0
1	100.0		0	7,188	0.0				
L9B - VITAMIN A DERIVATIVES					1	1	100.0	0	0.0
1	100.0		0	8,710	0.0				
M4E - LIPOTROPICS					10	5	50.0	5	50.0
5	100.0		0	460,856	0.0				
P0B - FOLLICLE STIM./LUTEINIZING HO					9	4	44.4	5	55.5
4	100.0		0	52	17.3				
P1M - LHRH(GNRH) AGONIST ANALOG PIT					26	18	69.2	8	30.7
18	100.0		0	984	2.6				
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR					250	204	81.6	46	18.4
204	100.0		0	797	31.3				
P5A - GLUCOCORTICOIDS					28	15	53.5	13	46.4
10	66.6		0	240,742	0.0				
Q3D - HEMORRHOIDAL PREPARATIONS					1	0	0.0	1	0.0
0	0.0		0	2,272	0.0				
Q5P - TOPICAL ANTI-INFLAMMATORY STE					84	60	71.4	24	28.5
60	100.0		0	106,177	0.0				
Q5S - TOPICAL SULFONAMIDES					42	35	83.3	7	16.6
34	97.1		0	13,881	0.3				
Q5W - TOPICAL ANTIBIOTICS					1	1	100.0	0	0.0
1	100.0		0	81,984	0.0				
U6W - BULK CHEMICALS					15	10	66.6	5	33.3
5	50.0		0	3,751	0.3				
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO					3	3	100.0	0	0.0
3	100.0		0	238	1.2				
W1C - TETRACYCLINES					97	44	45.3	53	54.6
30	68.1		0	49,280	0.1				

W1D - MACROLIDES					52	44	84.6	8	15.3		
43	97.7	0	206,640	0.0							
W1Q - QUINOLONES					1,042	787	75.5	255	24.4		
783	99.4	0	164,377	0.6							
W2A - ABSORBABLE SULFONAMIDES					382	306	80.1	76	19.8		
305	99.6	0	79,284	0.4							
W2F - NITROFURAN DERIVATIVES					50	38	76.0	12	24.0		
38	100.0	0	36,938	0.1							
W2G - CHEMOTHERAPEUTICS, ANTIBACTER					10	6	60.0	4	40.0		
6	100.0	0	3,839	0.2							
W3A - ANTIFUNGAL ANTIBIOTICS					67	43	64.1	24	35.8		
28	65.1	0	30,483	0.2							
W5A - ANTIVIRALS, GENERAL					4	1	25.0	3	75.0		
0	0.0	0	32,827	0.0							
W5F - HEPATITIS B TREATMENT AGENTS					1	1	100.0	0	0.0		
1	100.0	0	423	0.2							
W5G - HEPATITIS C TREATMENT AGENTS					10	9	90.0	1	10.0		
9	100.0	0	6,485	0.1							
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC					93	75	80.6	18	19.3		
75	100.0	0	10,643	0.8							
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO					10	7	70.0	3	30.0		
7	100.0	0	4,268	0.2							
Z2A - ANTIHISTAMINES					3,278	2,587	78.9	691	21.0		
2,576	99.5	0	555,440	0.5							
Z2N - 1ST GEN ANTIHISTAMINE & DECON					11	11	100.0	0	0.0		
0	0.0	2	235	4.6							
PA -DRUG-AGE					**34,946**	**26,927**	**77.0**	**8,019**	**22.9**		
26,776	**99.4**	**8**	**7,312,133**	**0.4**							

DRUG CONFLICT CODE PG DRUG-PREGNANCY

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
B3K - COUGH AND/OR COLD PREPARATION	0	0.0	0	210,073	0.0	1	0	0.0	1	100.0
C6A - VITAMIN A PREPARATIONS	0	0.0	0	155	0.6	1	0	0.0	1	100.0
C6F - PRENATAL VITAMIN PREPARATIONS	785	97.6	0	79,759	1.1	924	804	87.0	120	12.9
D4E - ANTI-ULCER PREPARATIONS	3	75.0	0	17,779	0.1	21	4	19.0	17	80.9
D6S - LAXATIVES AND CATHARTICS	4	100.0	0	397,998	0.0	10	4	40.0	6	60.0
F1A - ANDROGENIC AGENTS	2	100.0	0	5,106	0.0	2	2	100.0	0	0.0
G1A - ESTROGENIC AGENTS	19	100.0	0	92,551	0.0	25	19	76.0	6	24.0
G1B - ESTROGEN/ANDROGEN COMBINATION	3	100.0	0	3,594	0.1	6	3	50.0	3	50.0
G2A - PROGESTATIONAL AGENTS	197	99.4	0	12,377	2.1	262	198	75.5	64	24.4
G3A - OXYTOCICS	136	100.0	0	802	22.0	177	136	76.8	41	23.1
G8A - CONTRACEPTIVES,ORAL	1,415	99.8	0	93,092	2.0	1,912	1,417	74.1	495	25.8
G8C - CONTRACEPTIVES,INJECTABLE	243	99.5	0	15,145	2.1	329	244	74.1	85	25.8
G8F - CONTRACEPTIVES,TRANSDERMAL	531	100.0	0	31,615	2.3	743	531	71.4	212	28.5
G9B - CONTRACEPTIVES, INTRAVAGINAL,	24	100.0	0	2,423	1.5	37	24	64.8	13	35.1
H0E - AGENTS TO TREAT MULTIPLE SCLE	0	0.0	0	9,969	0.0	1	0	0.0	1	100.0
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	14	100.0	0	145,287	0.0	19	14	73.6	5	26.3
H2F - ANTI-ANXIETY DRUGS	4	100.0	0	478,444	0.0	8	4	50.0	4	50.0
H3A - ANALGESICS,NARCOTICS	120	100.0	0	1,534,357	0.0	167	120	71.8	47	28.1
H3D - ANALGESIC/ANTIPYRETICS, SALIC	12	100.0	0	202,853	0.0	20	12	60.0	8	40.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	280	99.6	0	233,331	0.1	382	281	73.5	101	26.4
H3F - ANTIMIGRAINE PREPARATIONS	0	0.0	0	56,497	0.0	1	0	0.0	1	100.0
H6B - ANTIPARKINSONISM DRUGS,ANTICH	6	66.6	0	65,015	0.0	15	9	60.0	6	40.0
H6H - SKELETAL MUSCLE RELAXANTS	1	100.0	0	251,071	0.0	63	1	1.5	62	98.4
J2B - ANTICHOLINERGICS,QUATERNARY A	0	0.0	0	6,719	0.1	7	0	0.0	7	100.0
J3A - SMOKING DETERRENT AGENTS (GAN	1	100.0	0	16,916	0.0	1	1	100.0	0	0.0
J8A - ANOREXIC AGENTS	0	0.0	0	2,541	0.0	1	0	0.0	1	100.0
J9B - ANTISPASMODIC AGENTS	0	0.0	0	281	0.3	1	0	0.0	1	100.0
L1C - HYPERTRICHOTIC AGENTS, SYSTEM	0	0.0	0	41	2.4	1	0	0.0	1	100.0
L5A - KERATOLYTICS	5	100.0	0	7,188	0.1	11	5	45.4	6	54.5
L5F - ANTIPSORIATICS AGENTS	5	100.0	0	4,148	0.1	6	5	83.3	1	16.6
L5G - ROSACEA AGENTS, TOPICAL	8	100.0	0	3,589	0.6	24	8	33.3	16	66.6
L6A - IRRITANTS/COUNTER-IRRITANTS	1	100.0	0	3,607	0.1	5	1	20.0	4	80.0
L9B - VITAMIN A DERIVATIVES	3	100.0	0	8,710	0.0	8	3	37.5	5	62.5
L9I - VITAMIN A DERIVATIVES, TOPICA	0	0.0	0	26	15.3	4	0	0.0	4	100.0
M4E - LIPOTROPICS	12	92.3	0	460,856	0.0	19	13	68.4	6	31.5

M9L - ORAL ANTICOAGULANTS,COUMARIN					47	40	85.1	7	14.8			
40	100.0	0	163,698	0.0								
P0A - FERTILITY STIMULATING PREPARA					6	0	0.0	6	100.0			
0	0.0	0	138	4.3								
P0B - FOLLICLE STIM./LUTEINIZING HO					1	1	100.0	0	0.0			
1	100.0	0	52	1.9								
P0C - PREGNANCY FACILITATING/MAINTA					23	0	0.0	23	100.0			
0	0.0	0	97	23.7								
P1M - LHRH(GNRH) AGONIST ANALOG PIT					6	0	0.0	6	100.0			
0	0.0	0	984	0.6								
P4L - BONE RESORPTION INHIBITORS					2	1	50.0	1	50.0			
1	100.0	0	141,267	0.0								
P5A - GLUCOCORTICOIDS					1	1	100.0	0	100.0			
0	0.0	0	240,742	0.0								
Q4K - VAGINAL ESTROGEN PREPARATIONS					13	9	69.2	4	30.7			
9	100.0	0	6,462	0.2								
Q5R - TOPICAL ANTIPARASITICS					47	28	59.5	19	40.4			
28	100.0	0	33,738	0.1								
Q6P - EYE ANTIINFLAMMATORY AGENTS					1	0	0.0	1	100.0			
0	0.0	0	14,151	0.0								
R1L - POTASSIUM SPARING DIURETICS I					7	4	57.1	3	42.8			
4	100.0	0	67,818	0.0								
S2B - NSAIDS, CYCLOOXYGENASE INHIBI					5,889	4,316	73.2	1,573	26.7			
4,299	99.6	0	502,197	1.1								
S2H - ANTI-INFLAMMATORY/ANTIARTHRIT					1	0	0.0	1	100.0			
0	0.0	0	479	0.2								
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO					1	0	0.0	1	100.0			
0	0.0	0	38	2.6								
S2P - NSAID, COX INHIBITOR-TYPE & P					1	0	0.0	1	100.0			
0	0.0	0	1,622	0.0								

DRUG CONFLICT CODE PG or DRUG-PREGNANCY

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003-10-01 - 2004-09-30

CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT MESSAGES PCT	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
U6H - SOLVENTS				4	3	75.0	1	25.0
0	0.0	0	9,030	0.0				
U6W - BULK CHEMICALS				50	33	66.0	17	34.0
25	75.7	0	3,751	1.3				
V1B - ANTIMETABOLITES				9	8	88.8	1	11.1
8	100.0	0	13,022	0.0				
W1C - TETRACYCLINES				10	7	70.0	3	30.0
5	71.4	0	49,280	0.0				
W2A - ABSORBABLE SULFONAMIDES				556	389	69.9	167	30.0
389	0.0	0	79,284	0.7				
W3A - ANTIFUNGAL ANTIBIOTICS				3	2	66.6	1	33.3
0	0.0	0	30,483	0.0				
W3B - ANTIFUNGAL AGENTS				2	1	50.0	1	50.0
1	100.0	0	61,208	0.0				
W4A - ANTIMALARIAL DRUGS				3	2	66.6	1	33.3
1	50.0	0	33,420	0.0				
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB				2,651	1,950	73.5	701	26.4
1,947	99.8	0	30,614	8.6				
X1C - INTRA-UTERINE DEVICES (IUD'S)				2	0	0.0	2	100.0
0	0.0	0	67	2.9				
PG -DRUG-PREGNANCY				**14,550**	**10,658**	**73.2**	**3,892**	**26.7**
10,592	**99.3**	**0**	**5,937,557**	**0.2**				

DRUG CONFLICT CODE SX or DRUG-GENDER

GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
F1A - ANDROGENIC AGENTS	3	5.4	13	5,106	1.0	55	55	100.0	0	0.0
F2A - DRUGS TO TREAT IMPOTENCY	0	0.0	5	3,811	0.1	7	7	100.0	0	0.0
G1A - ESTROGENIC AGENTS	27	3.4	16	92,551	0.8	778	778	100.0	0	0.0
G2A - PROGESTATIONAL AGENTS	0	0.0	0	12,377	0.0	2	2	100.0	0	0.0
G3A - OXYTOCICS	0	0.0	3	802	0.6	5	5	100.0	0	0.0
G8A - CONTRACEPTIVES,ORAL	4	12.9	10	93,092	0.0	31	31	100.0	0	0.0
G8C - CONTRACEPTIVES,INJECTABLE	4	0.5	24	15,145	5.1	786	786	100.0	0	0.0
G8F - CONTRACEPTIVES,TRANSDERMAL	0	0.0	4	31,615	0.0	19	19	100.0	0	0.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	0	0.0	1	984	1.7	17	17	100.0	0	0.0
P4L - BONE RESORPTION INHIBITORS	0	0.0	4	141,267	0.0	90	90	100.0	0	0.0
Q4B - VAGINAL ANTISEPTICS	0	0.0	1	175	0.5	1	1	100.0	0	0.0
Q4F - VAGINAL ANTIFUNGALS	2	1.3	20	15,051	0.9	146	146	100.0	0	0.0
Q4K - VAGINAL ESTROGEN PREPARATIONS	0	0.0	4	6,462	0.2	19	19	100.0	0	0.0
Q5P - TOPICAL ANTI-INFLAMMATORY STE	0	0.0	0	106,177	0.0	3	3	100.0	0	0.0
Q9B - BENIGN PROSTATIC HYPERTROPHY/	0	0.0	10	32,430	0.1	35	35	100.0	0	0.0
V1F - ANTINEOPLASTICS,MISCELLANEOUS	5	13.8	5	4,297	0.8	36	36	100.0	0	0.0
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	0	0.0	0	238	4.6	11	11	100.0	0	0.0
SX -DRUG-GENDER	**45**	**2.2**	**120**	**561,580**	**0.3**	**2,041**	**2,041**	**100.0**	**0**	**0.0**

DRUG CONFLICT CODE TD or THERAPEUTIC DUPLICATION

FISCAL YEAR 2003- 10-01 - 2004-09-30

THERAPEUTIC CLASS	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
A1A - DIGITALIS GLYCOSIDES	2,175	99.0	0	114,076	1.9	2,196	2,196	100.0	0	0.0
A1B - XANTHINES	22	2.3	120	29,337	3.2	946	946	100.0	0	0.0
A1D - GENERAL BRONCHODILATOR AGENTS	11	37.9	0	38,948	0.0	29	29	100.0	0	0.0
A2A - ANTIARRHYTHMICS	148	94.8	0	25,631	0.6	156	156	100.0	0	0.0
A4A - HYPOTENSIVES,VASODILATORS	409	98.5	0	14,851	2.7	415	415	100.0	0	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	2,444	97.6	0	104,085	2.4	2,502	2,502	100.0	0	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	3,942	67.7	0	433,615	1.3	5,821	5,821	100.0	0	0.0
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	351	64.6	0	130,675	0.4	543	543	100.0	0	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	6	75.0	0	33,400	0.0	8	8	100.0	0	0.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	0	0.0	0	15,359	0.0	3	3	100.0	0	0.0
A7B - VASODILATORS,CORONARY	11,218	96.6	0	173,639	6.6	11,612	11,612	100.0	0	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	2,592	69.2	0	308,828	1.2	3,742	3,742	100.0	0	0.0
B0A - GENERAL INHALATION AGENTS	0	0.0	2	8,408	0.2	18	18	100.0	0	0.0
B1B - PULMONARY ANTI-HTN, ENDOTHELI	1	9.0	0	542	2.0	11	11	100.0	0	0.0
B3A - MUCOLYTICS	2	15.3	4	3,065	0.4	13	13	100.0	0	0.0
B3J - EXPECTORANTS	182	2.7	469	171,350	3.8	6,599	6,599	100.0	0	0.0
B3K - COUGH AND/OR COLD PREPARATION	667	12.8	477	210,073	2.4	5,186	5,186	100.0	0	0.0
C0B - WATER	0	0.0	2	2,867	2.8	82	82	100.0	0	0.0
C0K - BICARBONATE PRODUCING/CONTAIN	8	13.1	3	994	6.1	61	61	100.0	0	0.0
C1A - ELECTROLYTE DEPLETERS	118	5.3	237	28,061	7.8	2,202	2,202	100.0	0	0.0
C1B - SODIUM/SALINE PREPARATIONS	8	0.4	54	21,366	8.2	1,764	1,764	100.0	0	0.0
C1D - POTASSIUM REPLACEMENT	179	3.1	520	246,076	2.3	5,702	5,702	100.0	0	0.0
C1F - CALCIUM REPLACEMENT	20	1.5	123	158,391	0.8	1,289	1,289	100.0	0	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	2	5.5	0	9,681	0.3	36	36	100.0	0	0.0
C1P - PHOSPHATE REPLACEMENT	0	0.0	0	908	8.8	80	80	100.0	0	0.0
C1W - ELECTROLYTE MAINTENANCE	0	0.0	1	3,400	0.0	3	3	100.0	0	0.0
C3B - IRON REPLACEMENT	70	3.1	137	122,855	1.7	2,210	2,210	100.0	0	0.0
C3C - ZINC REPLACEMENT	0	0.0	0	16,153	0.0	7	7	100.0	0	0.0
C3M - MINERAL REPLACEMENT,MISCELLAN	0	0.0	0	121	0.8	1	1	100.0	0	0.0
C4G - INSULINS	1,004	2.9	2,273	253,565	13.2	33,627	33,627	100.0	0	0.0
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	211	2.3	487	175,433	5.1	8,981	8,981	100.0	0	0.0
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	76	3.1	169	115,512	2.0	2,382	2,382	100.0	0	0.0
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	2	2.4	11	2,778	2.9	83	83	100.0	0	0.0
C4N - HYPOGLYCEMICS, INSULIN-RESPON	45	2.2	141	108,855	1.8	1,967	1,967	100.0	0	0.0
C5B - PROTEIN REPLACEMENT	2	0.5	0	2,446	13.9	340	340	100.0	0	0.0

C5J - IV SOLUTIONS: DEXTROSE-WATER					52	52	100.0	0	0.0
1	1.9	2	2,608	1.9					
C5K - IV SOLUTIONS: DEXTROSE-SALINE					51	51	100.0	0	0.0
0	0.0	2	3,216	1.5					
C6B - VITAMIN B PREPARATIONS					304	304	100.0	0	0.0
6	1.9	23	21,550	1.4					
C6C - VITAMIN C PREPARATIONS					182	182	100.0	0	0.0
2	1.0	10	41,411	0.4					
C6D - VITAMIN D PREPARATIONS					75	75	100.0	0	0.0
0	0.0	7	6,664	1.1					
C6E - VITAMIN E PREPARATIONS					213	213	100.0	0	0.0
0	0.0	11	36,411	0.5					
C6F - PRENATAL VITAMIN PREPARATIONS					988	988	100.0	0	0.0
78	7.8	183	79,759	1.2					
C6G - GERIATRIC VITAMIN PREPARATION					2	2	100.0	0	0.0
0	0.0	0	4,458	0.0					
C6H - PEDIATRIC VITAMIN PREPARATION					160	160	100.0	0	0.0
6	3.7	31	17,416	0.9					
C6K - VITAMIN K PREPARATIONS					18	18	100.0	0	0.0
1	5.5	4	1,818	0.9					
C6L - VITAMIN B12 PREPARATIONS					175	175	100.0	0	0.0
13	7.4	11	27,391	0.6					
C6M - FOLIC ACID PREPARATIONS					209	209	100.0	0	0.0
4	1.9	8	49,276	0.4					
C6N - NIACIN PREPARATIONS					25	25	100.0	0	0.0
1	4.0	2	2,166	1.1					
C6Q - VITAMIN B6 PREPARATIONS					22	22	100.0	0	0.0
0	0.0	3	5,707	0.3					
C6T - VITAMIN B1 PREPARATIONS					16	16	100.0	0	0.0
0	0.0	1	8,547	0.1					
C6Z - MULTIVITAMIN PREPARATIONS					7,485	7,485	100.0	0	0.0
124	1.6	300	260,920	2.8					
C7A - HYPERURICEMIA TX - PURINE INH					238	238	100.0	0	0.0
220	92.4	0	30,902	0.7					
C7D - METABOLIC DEFICIENCY AGENTS					17	17	100.0	0	0.0
0	0.0	0	2,966	0.5					
C8A - METALLIC POISON,AGENTS TO TRE					22	22	100.0	0	0.0
1	4.5	0	908	2.4					
D2A - FLUORIDE PREPARATIONS					76	76	100.0	0	0.0
3	3.9	17	7,781	0.9					
D4B - ANTACIDS					948	948	100.0	0	0.0
17	1.7	34	43,013	2.2					

DRUG CONFLICT CODE TD or THERAPEUTIC DUPLICATION

FISCAL YEAR 2003- 10-01 - 2004-09-30

CLAIMS OVERIDDEN	OVR PCT	THERAPEUTIC CLASS	CLAIMS REVERSED	CLAIMS SCREENED	CONFLICT TOT PCT	MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT
D4E - ANTI-ULCER PREPARATIONS						85	85	100.0	0	0.0
3	3.5		8	17,779	0.4					
D4F - ANTI-ULCER-H.PYLORI AGENTS						4	4	100.0	0	0.0
0	0.0		1	2,567	0.1					
D4G - GASTRIC ENZYMES						5	5	100.0	0	0.0
0	0.0		0	2,701	0.1					
D4H - ORAL MUCOSITIS/STOMATITIS AGE						3	3	100.0	0	0.0
0	0.0		2	42	7.1					
D4K - GASTRIC ACID SECRETION REDUCE						37,938	37,938	100.0	0	0.0
1,027	2.7	2,329		757,263	5.0					
D6D - ANTIDIARRHEALS						525	525	100.0	0	0.0
28	5.3		25	42,897	1.2					
D6E - IRRITABLE BOWEL SYND. AGENT,5						48	48	100.0	0	0.0
1	2.0		2	13,782	0.3					
D6F - DRUG TX-CHRONIC INFLAM. COLON						24	24	100.0	0	0.0
1	4.1		3	7,445	0.3					
D6S - LAXATIVES AND CATHARTICS						72,713	72,713	100.0	0	0.0
1,677	2.3	1,832		397,998	18.2					
D7A - BILE SALTS						8	8	100.0	0	0.0
2	25.0		1	2,674	0.2					
D7D - DRUGS TO TREAT HEREDITARY TYR						8	8	100.0	0	0.0
0	0.0		0	32	25.0					
D7L - BILE SALT SEQUESTRANTS						45	45	100.0	0	0.0
1	2.2		5	9,674	0.4					
D8A - PANCREATIC ENZYMES						239	239	100.0	0	0.0
9	3.7		45	8,448	2.8					
F1A - ANDROGENIC AGENTS						239	239	100.0	0	0.0
9	3.7		21	5,106	4.6					

G1A - ESTROGENIC AGENTS					2,124	2,124	100.0	0	0.0
68	3.2	168	92,551	2.2					
G2A - PROGESTATIONAL AGENTS					84	84	100.0	0	0.0
7	8.3	3	12,377	0.6					
G8A - CONTRACEPTIVES,ORAL					1,352	1,352	100.0	0	0.0
100	7.3	131	93,092	1.4					
G8C - CONTRACEPTIVES,INJECTABLE					276	276	100.0	0	0.0
13	4.7	41	15,145	1.8					
H0A - LOCAL ANESTHETICS					108	108	100.0	0	0.0
8	7.4	10	11,696	0.9					
H0E - AGENTS TO TREAT MULTIPLE SCLE					113	113	100.0	0	0.0
1	0.8	23	9,969	1.1					
H1A - ALZHEIMER'S THERAPY, NMDA REC					1,026	1,026	100.0	0	0.0
12	1.1	55	11,355	9.0					
H2A - CENTRAL NERVOUS SYSTEM STIMUL					24	24	100.0	0	0.0
3	12.5	5	889	2.6					
H2C - GENERAL ANESTHETICS,INJECTABL					27	27	100.0	0	0.0
0	0.0	3	174	15.5					
H2D - BARBITURATES					2,751	2,751	100.0	0	0.0
47	1.7	104	36,933	7.4					
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT					4,643	4,643	100.0	0	0.0
326	7.0	263	145,287	3.1					
H2F - ANTI-ANXIETY DRUGS					33,529	33,529	100.0	0	0.0
1,692	5.0	2,139	478,444	7.0					
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE					3,170	3,170	100.0	0	0.0
3,109	98.0	0	42,071	7.5					
H2M - ANTI-MANIA DRUGS					2,108	2,108	100.0	0	0.0
79	3.7	210	39,979	5.2					
H2S - SELECTIVE SEROTONIN REUPTAKE					593	593	100.0	0	0.0
317	53.4	0	718,922	0.0					
H2U - TRICYCLIC ANTIDEPRESSANTS & R					89	89	100.0	0	0.0
36	40.4	0	135,847	0.0					
H2V - TX FOR ATTENTION DEFICIT-HYPE					19,790	19,790	100.0	0	0.0
1,845	9.3	1,424	145,088	13.6					
H3A - ANALGESICS,NARCOTICS					116,773	116,773	100.0	0	0.0
112,576	96.4	9	1,534,357	7.6					
H3D - ANALGESIC/ANTIPYRETICS, SALIC					2,210	2,210	100.0	0	0.0
2,176	98.4	0	202,853	1.0					
H3E - ANALGESIC/ANTIPYRETICS,NON-SA					1,734	1,734	100.0	0	0.0
1,657	95.5	0	233,331	0.7					
H3F - ANTIMIGRAINE PREPARATIONS					49	49	100.0	0	0.0
40	81.6	0	56,497	0.0					
H4B - ANTICONVULSANTS					237,775	237,775	100.0	0	0.0
12,490	5.2	11,757	878,301	27.0					
H6A - ANTIPARKINSONISM DRUGS,OTHER					13,639	13,639	100.0	0	0.0
400	2.9	502	68,289	19.9					
H6B - ANTIPARKINSONISM DRUGS,ANTICH					1,512	1,512	100.0	0	0.0
31	2.0	106	65,015	2.3					
H6C - ANTITUSSIVES,NON-NARCOTIC					54	54	100.0	0	0.0
3	5.5	6	17,677	0.3					
H6H - SKELETAL MUSCLE RELAXANTS					9,459	9,459	100.0	0	0.0
9,015	95.3	1	251,071	3.7					
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS					2,133	2,133	100.0	0	0.0
156	7.3	253	88,322	2.4					
H7B - ALPHA-2 RECEPTOR ANTAGONIST A					91	91	100.0	0	0.0
63	69.2	0	108,049	0.0					
H7C - SEROTONIN-NOREPINEPHRINE REUP					529	529	100.0	0	0.0
398	75.2	0	127,842	0.4					
H7D - NOREPINEPHRINE AND DOPAMINE R					76	76	100.0	0	0.0
39	51.3	0	106,999	0.0					
H7E - SEROTONIN-2 ANTAGONIST/REUPTA					48	48	100.0	0	0.0
11	22.9	0	125,422	0.0					
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG					2,205	2,205	100.0	0	0.0
2,156	97.7	0	32,394	6.8					
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG					220	220	100.0	0	0.0
216	98.1	0	5,885	3.7					
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP					7	7	100.0	0	0.0
7	100.0	0	641	1.0					
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG					21	21	100.0	0	0.0
21	100.0	0	866	2.4					
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM					90,050	90,050	100.0	0	0.0
88,607	98.3	0	767,674	11.7					
H7U - ANTIPSYCHOTICS, DOPAMINE & SE					129	129	100.0	0	0.0
123	95.3	0	3,969	3.2					
H7X - ANTIPSYCHOTICS, ATYP, D2 PART					3,732	3,732	100.0	0	0.0
100	2.6	269	52,439	7.1					
H7Y - TX FOR ATTENTION DEFICIT-HYPE					7,711	7,711	100.0	0	0.0
249	3.2	480	74,253	10.3					
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE					101	101	100.0	0	0.0
5	4.9	22	2,718	3.7					
J1A - PARASYMPATHETIC AGENTS					46	46	100.0	0	0.0
2	4.3	16	4,629	0.9					
J1B - CHOLINESTERASE INHIBITORS					4,647	4,647	100.0	0	0.0
66	1.4	156	102,555	4.5					

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J2A - BELLADONNA ALKALOIDS	3	1.1	26	19,020	1.3	258	258	100.0	0	0.0
J2B - ANTICHOLINERGICS,QUATERNARY A	0	0.0	3	6,719	0.4	27	27	100.0	0	0.0
J2D - ANTICHOLINERGICS/ANTISPASMODI	5	4.2	14	19,030	0.6	119	119	100.0	0	0.0
J3A - SMOKING DETERRENT AGENTS (GAN	80	5.4	277	16,916	8.6	1,465	1,465	100.0	0	0.0
J5B - ADRENERGICS, AROMATIC, NON-CA	1,278	8.5	1,206	111,938	13.3	14,892	14,892	100.0	0	0.0
J5D - BETA-ADRENERGIC AGENTS	1,865	4.0	3,067	413,428	11.2	46,500	46,500	100.0	0	0.0
J5E - SYMPATHOMIMETIC AGENTS	0	0.0	4	12,649	0.2	27	27	100.0	0	0.0
J5F - ANAPHYLAXIS THERAPY AGENTS	0	0.0	2	3,876	0.1	5	5	100.0	0	0.0
J5G - BETA-ADRENERGICS AND GLUCOCOR	56	6.5	76	77,251	1.1	856	856	100.0	0	0.0
J5H - ADRENERGIC VASOPRESSOR AGENTS	2	6.4	6	2,514	1.2	31	31	100.0	0	0.0
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	766	96.9	0	42,415	1.8	790	790	100.0	0	0.0
J7B - ALPHA-ADRENERGIC BLOCKING AGE	592	95.7	0	29,452	2.0	618	618	100.0	0	0.0
J7C - BETA-ADRENERGIC BLOCKING AGEN	6,969	97.9	1	340,721	2.0	7,117	7,117	100.0	0	0.0
J9A - INTESTINAL MOTILITY STIMULANT	88	15.8	37	74,435	0.7	554	554	100.0	0	0.0
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.	9	0.3	67	57,113	4.2	2,434	2,434	100.0	0	0.0
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC	0	0.0	1	405	1.2	5	5	100.0	0	0.0
L1B - ACNE AGENTS,SYSTEMIC	1	4.0	4	819	3.0	25	25	100.0	0	0.0
L2A - EMOLLIENTS	24	13.1	28	20,630	0.8	183	183	100.0	0	0.0
L3A - PROTECTIVES	0	0.0	0	2,957	0.7	21	21	100.0	0	0.0
L3P - ANTIPRURITICS,TOPICAL	0	0.0	1	1,313	0.5	7	7	100.0	0	0.0
L5A - KERATOLYTICS	8	4.4	14	7,188	2.4	178	178	100.0	0	0.0
L5E - ANTISEBORRHEIC AGENTS	1	5.5	1	9,609	0.1	18	18	100.0	0	0.0
L5F - ANTIPSORIATICS AGENTS	4	2.9	15	4,148	3.3	137	137	100.0	0	0.0
L5G - ROSACEA AGENTS, TOPICAL	0	0.0	3	3,589	0.7	26	26	100.0	0	0.0
L5H - ACNE AGENTS,TOPICAL	1	4.3	4	5,606	0.4	23	23	100.0	0	0.0
L6A - IRRITANTS/COUNTER-IRRITANTS	0	0.0	0	3,607	0.1	4	4	100.0	0	0.0
L9A - TOPICAL AGENTS,MISCELLANEOUS	2	12.5	3	2,350	0.6	16	16	100.0	0	0.0
L9B - VITAMIN A DERIVATIVES	1	1.4	6	8,710	0.7	68	68	100.0	0	0.0
L9C - HYPOPIGMENTATION AGENTS	0	0.0	1	426	1.4	6	6	100.0	0	0.0
M0E - ANTIHEMOPHILIC FACTORS	0	0.0	3	1,104	7.4	82	82	100.0	0	0.0
M0F - FACTOR IX PREPARATIONS	0	0.0	0	247	1.6	4	4	100.0	0	0.0
M4E - LIPOTROPICS	15,135	87.6	0	460,856	3.7	17,267	17,267	100.0	0	0.0
M4G - HYPERGLYCEMICS	6	2.1	23	6,068	4.5	278	278	100.0	0	0.0
M9K - HEPARIN AND RELATED PREPARATI	10	1.1	75	25,217	3.4	882	882	100.0	0	0.0
M9L - ORAL ANTICOAGULANTS,COUMARIN	1,001	2.5	1,447	163,698	24.0	39,381	39,381	100.0	0	0.0

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M9P - PLATELET AGGREGATION INHIBITO	65	1.9	136	132,853	2.4	3,317	3,317	100.0	0	0.0
N1B - HEMATINICS,OTHER	10	1.5	60	19,219	3.4	660	660	100.0	0	0.0
N1C - LEUKOCYTE (WBC) STIMULANTS	1	6.2	3	1,384	1.1	16	16	100.0	0	0.0
N1D - PLATELET REDUCING AGENTS	0	0.0	0	441	0.2	1	1	100.0	0	0.0
P1A - GROWTH HORMONES	0	0.0	5	3,434	0.7	27	27	100.0	0	0.0
P1B - SOMATOSTATIC AGENTS	0	0.0	1	611	1.1	7	7	100.0	0	0.0
P1F - PITUITARY SUPPRESSIVE AGENTS	3	6.8	0	2,826	1.5	44	44	100.0	0	0.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	0	0.0	0	984	0.2	2	2	100.0	0	0.0
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR	4	0.0	0	797	0.5	4	4	100.0	0	0.0
P2B - ANTIDIURETIC AND VASOPRESSOR	4	2.2	23	17,853	0.9	178	178	100.0	0	0.0
P3A - THYROID HORMONES	414	2.5	950	271,569	6.0	16,307	16,307	100.0	0	0.0
P3L - ANTITHYROID PREPARATIONS	1	1.8	2	4,261	1.2	54	54	100.0	0	0.0
P4L - BONE RESORPTION INHIBITORS	140	3.2	129	141,267	3.0	4,303	4,303	100.0	0	0.0
P4M - CALCIMIMETIC,PARATHYROID CALC	3	5.6	7	1,169	4.5	53	53	100.0	0	0.0
P5A - GLUCOCORTICOIDS	717	3.6	1,435	240,742	8.2	19,855	19,855	100.0	0	0.0
Q3A - RECTAL PREPARATIONS	5	8.1	4	10,418	0.5	61	61	100.0	0	0.0
Q3D - HEMORRHOIDAL PREPARATIONS	0	0.0	2	2,272	0.7	16	16	100.0	0	0.0
Q3E - CHRONIC INFLAM. COLON DX, 5-A	1	25.0	2	629	0.6	4	4	100.0	0	0.0
Q3H - HEMORRHOIDALS, LOCAL RECTAL A	2	40.0	1	386	1.2	5	5	100.0	0	0.0
Q3S - LAXATIVES, LOCAL/RECTAL	7	0.8	31	31,311	2.5	806	806	100.0	0	0.0
Q4F - VAGINAL ANTIFUNGALS	4	12.9	8	15,051	0.2	31	31	100.0	0	0.0

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Q4K - VAGINAL ESTROGEN PREPARATIONS	2	6.8	4	6,462	0.4	29	29	100.0	0	0.0
Q4S - VAGINAL SULFONAMIDES	0	0.0	0	118	0.8	1	1	100.0	0	0.0
Q5B - TOPICAL PREPARATIONS,ANTIBACT	1	25.0	2	2,351	0.1	4	4	100.0	0	0.0
Q5F - TOPICAL ANTIFUNGALS	109	3.0	264	128,245	2.8	3,609	3,609	100.0	0	0.0
Q5H - TOPICAL LOCAL ANESTHETICS	15	5.5	46	21,163	1.2	268	268	100.0	0	0.0
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE	3	2.0	13	19,429	0.7	147	147	100.0	0	0.0
Q5P - TOPICAL ANTI-INFLAMMATORY STE	251	4.1	670	106,177	5.6	6,018	6,018	100.0	0	0.0
Q5R - TOPICAL ANTIPARASITICS	18	4.0	51	33,738	1.3	445	445	100.0	0	0.0
Q5S - TOPICAL SULFONAMIDES	0	0.0	0	13,881	0.0	11	11	100.0	0	0.0
Q5V - TOPICAL ANTIVIRALS	1	3.4	6	6,653	0.4	29	29	100.0	0	0.0
Q5W - TOPICAL ANTIBIOTICS	44	2.6	89	81,984	2.0	1,684	1,684	100.0	0	0.0
Q6D - EYE VASOCONSTRICTORS (OTC ONL	0	0.0	1	477	0.2	1	1	100.0	0	0.0
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	389	2.9	621	69,738	18.8	13,160	13,160	100.0	0	0.0
Q6I - EYE ANTIBIOTIC-CORTICOID COMB	1	2.2	5	9,452	0.4	45	45	100.0	0	0.0

Q6J - MYDRIATICS						37	37	100.0	0	0.0	
	1	2.7	5	3,096	1.1						
Q6P - EYE ANTIINFLAMMATORY AGENTS						774	774	100.0	0	0.0	
	19	2.4	65	14,151	5.4						
Q6R - EYE ANTIHISTAMINES						83	83	100.0	0	0.0	
	1	1.2	11	13,126	0.6						
Q6S - EYE SULFONAMIDES						29	29	100.0	0	0.0	
	0	0.0	1	10,886	0.2						
Q6T - ARTIFICIAL TEARS						1,015	1,015	100.0	0	0.0	
	20	1.9	73	34,182	2.9						
Q6U - OPHTHALMIC MAST CELL STABILIZ						10	10	100.0	0	0.0	
	1	10.0	0	4,200	0.2						
Q6W - OPHTHALMIC ANTIBIOTICS						924	924	100.0	0	0.0	
	28	3.0	89	54,230	1.7						
Q6Y - EYE PREPARATIONS, MISCELLANEO						2	2	100.0	0	0.0	
	0	0.0	0	5,047	0.0						
Q7A - NOSE PREPARATIONS, MISCELLANE						4	4	100.0	0	0.0	
	0	0.0	1	2,488	0.1						
Q7P - NASAL ANTI-INFLAMMATORY STERO						881	881	100.0	0	0.0	
	29	3.2	69	93,507	0.9						
Q8B - EAR PREPARATIONS, MISC. ANTI-						14	14	100.0	0	0.0	
	1	7.1	2	2,508	0.5						
Q8F - OTIC PREPARATIONS,ANTI-INFLAM						12	12	100.0	0	0.0	
	0	0.0	2	9,599	0.1						
Q8H - EAR PREPARATIONS,LOCAL ANESTH						6	6	100.0	0	0.0	
	1	16.6	2	9,550	0.0						
Q8R - EAR PREPARATIONS,EAR WAX REMO						18	18	100.0	0	0.0	
	1	5.5	6	5,263	0.3						
Q8W - EAR PREPARATIONS,ANTIBIOTICS						191	191	100.0	0	0.0	
	8	4.1	21	23,024	0.8						
Q9B - BENIGN PROSTATIC HYPERTROPHY/						1,923	1,923	100.0	0	0.0	
	31	1.6	41	32,430	5.9						
R1A - URINARY TRACT ANTISPASMODIC/A						3,120	3,120	100.0	0	0.0	
	67	2.1	199	113,631	2.7						
R1E - CARBONIC ANHYDRASE INHIBITORS						11	11	100.0	0	0.0	
	4	36.3	0	4,686	0.2						
R1F - THIAZIDE AND RELATED DIURETIC						624	624	100.0	0	0.0	
	425	68.1	0	113,796	0.5						
R1H - POTASSIUM SPARING DIURETICS						316	316	100.0	0	0.0	
	218	68.9	0	52,179	0.6						
R1L - POTASSIUM SPARING DIURETICS I						7	7	100.0	0	0.0	
	3	42.8	0	67,818	0.0						
R1M - LOOP DIURETICS						8,058	8,058	100.0	0	0.0	
	5,164	64.0	1	391,953	2.0						
R1S - URINARY PH MODIFIERS						11	11	100.0	0	0.0	
	2	18.1	3	3,468	0.3						
R4A - KIDNEY STONE AGENTS						25	25	100.0	0	0.0	
	2	8.0	0	85	29.4						
R5A - URINARY TRACT ANESTHETIC/ANAL						49	49	100.0	0	0.0	
	4	8.1	5	10,700	0.4						
S2A - COLCHICINE						22	22	100.0	0	0.0	
	0	0.0	1	6,276	0.3						
S2B - NSAIDS, CYCLOOXYGENASE INHIBI						10,496	10,496	100.0	0	0.0	
	10,177	96.9	0	502,197	2.0						
S2I - ANTI-INFLAMMATORY, PYRIMIDINE						18	18	100.0	0	0.0	
	18	0.0	0	2,237	0.8						
S2J - ANTI-INFLAMMATORY TUMOR NECRO						8	8	100.0	0	0.0	
	8	0.0	0	4,967	0.1						
U6E - OINTMENT/CREAM BASES						2	2	100.0	0	0.0	
	0	0.0	0	630	0.3						
U6F - HYDROPHILIC CREAM/OINTMENT BA						21	21	100.0	0	0.0	
	15	71.4	1	1,114	1.8						
U6H - SOLVENTS						9	9	100.0	0	0.0	
	0	0.0	0	9,030	0.0						
U6N - VEHICLES						18	18	100.0	0	0.0	
	0	0.0	1	26,724	0.0						
U6W - BULK CHEMICALS						220	220	100.0	0	0.0	
	7	3.1	18	3,751	5.8						
V1A - ALKYLATING AGENTS						192	192	100.0	0	0.0	
	0	0.0	22	2,565	7.4						
V1B - ANTIMETABOLITES						461	461	100.0	0	0.0	
	14	3.0	48	13,022	3.5						
V1C - VINCA ALKALOIDS						1	1	100.0	0	0.0	
	0	0.0	0	43	2.3						
V1D - ANTIBIOTIC ANTINEOPLASTICS						1	1	100.0	0	0.0	
	0	0.0	0	14	7.1						
V1E - STEROID ANTINEOPLASTICS						208	208	100.0	0	0.0	
	1	0.4	9	14,469	1.4						
V1F - ANTINEOPLASTICS,MISCELLANEOUS						12	12	100.0	0	0.0	
	1	8.3	1	4,297	0.2						
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE						1	1	100.0	0	0.0	
	0	0.0	1	944	0.1						
V1J - ANTIANDROGENIC AGENTS						2	2	100.0	0	0.0	
	0	0.0	0	1,024	0.1						

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V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM						32	32	100.0	0	0.0
1	3.1		3	955	3.3					
V1T - SELECTIVE ESTROGEN RECEPTOR M						43	43	100.0	0	0.0
2	4.6		9	8,499	0.5					
W1A - PENICILLINS						3,639	3,639	100.0	0	0.0
2,079	57.1		6	373,786	0.9					
W1C - TETRACYCLINES						767	767	100.0	0	0.0
336	43.8		0	49,280	1.5					
W1D - MACROLIDES						850	850	100.0	0	0.0
447	52.5		3	206,640	0.4					
W1F - AMINOGLYCOSIDES						121	121	100.0	0	0.0
34	28.0		0	6,086	1.9					
W1G - ANTITUBERCULAR ANTIBIOTICS						2	2	100.0	0	0.0
1	50.0		0	1,575	0.1					
W1J - VANCOMYCIN AND DERIVATIVES						448	448	100.0	0	0.0
55	12.2		7	7,780	5.7					
W1K - LINCOSAMIDES						75	75	100.0	0	0.0
25	33.3		0	14,912	0.5					
W1N - POLYMYXIN AND DERIVATIVES						4	4	100.0	0	0.0
0	0.0		0	166	2.4					
W1O - OXAZOLIDINONES						5	5	100.0	0	0.0
0	0.0		0	2,339	0.2					
W1P - BETALACTAMS						10	10	100.0	0	0.0
2	20.0		0	191	5.2					
W1Q - QUINOLONES						4,104	4,104	100.0	0	0.0
2,464	60.0		2	164,377	2.4					
W1S - CARBAPENEMS (THIENAMYCINS)						74	74	100.0	0	0.0
9	12.1		0	1,884	3.9					
W1W - CEPHALOSPORINS - 1ST GENERATI						1,981	1,981	100.0	0	0.0
1,077	54.3		0	125,959	1.5					
W1X - CEPHALOSPORINS - 2ND GENERATI						191	191	100.0	0	0.0
113	59.1		0	35,145	0.5					
W1Y - CEPHALOSPORINS - 3RD GENERATI						545	545	100.0	0	0.0
190	34.8		2	59,392	0.9					
W1Z - CEPHALOSPORINS - 4TH GENERATI						42	42	100.0	0	0.0
3	7.1		0	898	4.6					
W2A - ABSORBABLE SULFONAMIDES						32	32	100.0	0	0.0
19	59.3		0	79,284	0.0					
W2E - ANTI-MYCOBACTERIUM AGENTS						95	95	100.0	0	0.0
93	97.8		0	2,111	4.5					
W2F - NITROFURAN DERIVATIVES						471	471	100.0	0	0.0
386	81.9		0	36,938	1.2					
W2G - CHEMOTHERAPEUTICS, ANTIBACTER						4	4	100.0	0	0.0
4	100.0		0	3,839	0.1					
W3A - ANTIFUNGAL ANTIBIOTICS						464	464	100.0	0	0.0
204	43.9		9	30,483	1.5					
W3B - ANTIFUNGAL AGENTS						284	284	100.0	0	0.0
246	86.6		0	61,208	0.4					
W4A - ANTIMALARIAL DRUGS						180	180	100.0	0	0.0
178	98.8		0	33,420	0.5					
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB						278	278	100.0	0	0.0
229	82.3		0	30,614	0.9					
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN						1	1	100.0	0	0.0
1	100.0		0	277	0.3					
W4P - ANTILEPROTICS						31	31	100.0	0	0.0
0	0.0		1	1,590	1.9					
W5A - ANTIVIRALS, GENERAL						305	305	100.0	0	0.0
14	4.5		34	32,827	0.9					
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO						996	996	100.0	0	0.0
35	3.5		81	4,665	21.3					
W5D - ANTIVIRAL MONOCLONAL ANTIBODI						539	539	100.0	0	0.0
0	0.0		11	3,448	15.6					
W5F - HEPATITIS B TREATMENT AGENTS						1	1	100.0	0	0.0
0	0.0		0	423	0.2					
W5G - HEPATITIS C TREATMENT AGENTS						54	54	100.0	0	0.0
5	9.2		14	6,485	0.8					
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC						3,161	3,161	100.0	0	0.0
182	5.7		178	10,643	29.7					
W5K - ANTIVIRALS, HIV-SPECIFIC, NON						49	49	100.0	0	0.0
1	2.0		2	4,931	0.9					

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W5L - ANTIVIRALS, HIV-SPEC., NUCLEO            6            6 100.0           0  0.0
      0    0.0          2       4,268  0.1
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO           11           11 100.0           0  0.0
      2   18.1          3       2,835  0.3
W7B - VIRAL/TUMORIGENIC VACCINES              16           16 100.0           0  0.0
      1    6.2          2         433  3.6
W7C - INFLUENZA VIRUS VACCINES                 1            1 100.0           0  0.0
      0    0.0          1       6,420  0.0
W7J - NEUROTOXIC VIRUS VACCINES                1            1 100.0           0  0.0
      0    0.0          0           3 33.3
W7K - ANTISERA                                33           33 100.0           0  0.0
      4   12.1          4         537  6.1
W7L - GRAM POSITIVE COCCI VACCINES             2            2 100.0           0  0.0
      0    0.0          2       2,640  0.0
W7N - TOXIN-PRODUCING BACILLI VACCI            1            1 100.0           0  0.0
      0    0.0          0          48  2.0
W8D - OXIDIZING AGENTS                         3            3 100.0           0  0.0
      0    0.0          1         805  0.3
W8F - IRRIGANTS                              203          203 100.0           0  0.0
      2    0.9         11      12,197  1.6
X5B - BANDAGES AND RELATED SUPPLIES            1            1 100.0           0  0.0
      1    0.0          0       3,775  0.0
Z2A - ANTIHISTAMINES                      35,267       35,267 100.0           0  0.0
  1,012    2.8      2,072     555,440  6.3
Z2E - IMMUNOSUPPRESSIVES                   9,028        9,028 100.0           0  0.0
    289    3.2        835      28,349 31.8
Z2F - MAST CELL STABILIZERS                   72           72 100.0           0  0.0
      4    5.5         16       4,060  1.7
Z2G - IMMUNOMODULATORS                         1            1 100.0           0  0.0
      0    0.0          0       4,762  0.0
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI          679          679 100.0           0  0.0
     17    2.5         67     123,438  0.5
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TD  -THERAPEUTIC DUPLICATION        1,091,082   1,091,082  100.0          0  0.0
  323,580 29.6   43,371  19,087,843  5.7
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ATTACHMENT 2.1.C ProDUR Activity Detail:

TOP 50 DRUGS BY DUR CONFLICT

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004
REPT: PDMM5010-R001 ACS PRESCRIPTION DRUG CARD SERVICES

DUR CONFLICT: DD

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
FUROSEMIDE 40MG TABLET	R1M	2,564	2.660	166
CELEBREX 200MG CAPSULE	S2B	2,207	2.289	53
ULTRACET TABLET	H3A	1,888	1.958	0
FUROSEMIDE 20MG TABLET	R1M	1,429	1.482	45
VIOXX 25MG TABLET	S2B	1,230	1.276	22
LEVAQUIN 250MG TABLET	W1Q	1,079	1.119	38
CYCLOBENZAPRINE 10MG TABLET	H6H	961	0.997	136
TRAMADOL HCL 50MG TABLET	H3A	947	0.982	95
FLUOXETINE 20MG CAPSULE	H2S	826	0.856	77
COZAAR 50MG TABLET	A4F	793	0.822	16

FUROSEMIDE 80MG TABLET	R1M	756	0.784
23			
ZOLOFT 100MG TABLET	H2S	725	0.752
112			
LEVAQUIN 500MG TABLET	W1Q	710	0.736
174			
WARFARIN SODIUM 5MG TABLET	M9L	705	0.731
95			
POTASSIUM CL 20MEQ TAB SA	C1D	702	0.728
86			
DIGITEK 125MCG TABLET	A1A	699	0.725
90			
PHENYTOIN SOD EXT 100MG CAP	H4B	699	0.725
65			
LISINOPRIL 10MG TABLET	A4D	695	0.721
41			
LISINOPRIL 20MG TABLET	A4D	651	0.675
42			
BEXTRA 20MG TABLET	S2B	587	0.608
12			
FLEXERIL 5MG TABLET	H6H	586	0.607
0			
GEMFIBROZIL 600MG TABLET	M4E	566	0.587
22			
TRAZODONE 50MG TABLET	H7E	561	0.582
22			
TRICOR 160MG TABLET	M4E	548	0.568
36			
LANTUS 100 UNITS/ML VIAL	C4G	546	0.566
11			
BEXTRA 10MG TABLET	S2B	544	0.564
4			
ALTACE 2.5MG CAPSULE	A4D	540	0.560
0			
ALTACE 5MG CAPSULE	A4D	537	0.557
1			
METOPROLOL 50MG TABLET	J7C	533	0.552
34			
LEXAPRO 10MG TABLET	H2S	522	0.541
68			
ZOLOFT 50MG TABLET	H2S	497	0.515
113			
TRAZODONE 100MG TABLET	H7E	486	0.504
25			
NOVOLIN 70/30 100 UNITS/ML	C4G	484	0.502
30			
LIPITOR 10MG TABLET	M4E	479	0.496
77			
COZAAR 100MG TABLET	A4F	473	0.490
6			
AVANDIA 4MG TABLET	C4N	446	0.462
4			
LIPITOR 20MG TABLET	M4E	442	0.458
71			
ALTACE 10MG CAPSULE	A4D	442	0.458
0			
DIOVAN 80MG TABLET	A4F	440	0.456
0			
PLAVIX 75MG TABLET	M9P	425	0.440
21			
PROPOXY-N/APAP 100-650 TAB	H3A	421	0.436
41			
FLUCONAZOLE 150MG TABLET	W3B	414	0.429
55			
LANOXIN 250MCG TABLET	A1A	408	0.423
48			

LEXAPRO 20MG TABLET	H2S	404	0.419	25
TOPROL XL 50MG TABLET SA	J7C	402	0.417	47
KETOROLAC 10MG TABLET	S2B	388	0.402	44
MOBIC 7.5MG TABLET	S2B	378	0.392	1
ATENOLOL 50MG TABLET	J7C	357	0.370	54
WARFARIN SODIUM 2MG TABLET	M9L	349	0.362	46
PROMETHAZINE 25MG TABLET	Z2A	345	0.357	78
TOTALS FOR TOP 50 DRUGS		34,816	36.120	2,372
TOTALS FOR ALL DRUGS		96,389		9,589
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT - continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: ER

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
PROTONIX 40MG TABLET EC	D4K	4,118	1.237	130
HYDROCODONE/APAP 5/500 TAB	H3A	3,733	1.121	166
FUROSEMIDE 40MG TABLET	R1M	3,633	1.091	292
ALBUTEROL 90MCG INHALER	J5D	3,550	1.066	110
ALPRAZOLAM 1MG TABLET	H2F	3,404	1.022	120
RANITIDINE 150MG TABLET	D4K	2,973	0.893	229
DOCUSATE SODIUM 100MG CAP	D6S	2,897	0.870	248
ALPRAZOLAM 0.5MG TABLET	H2F	2,745	0.824	101
AMBIEN 10MG TABLET	H2E	2,590	0.778	82
ZOLOFT 100MG TABLET	H2S	2,498	0.750	124
PLAVIX 75MG TABLET	M9P	2,475	0.743	92
METFORMIN HCL 500MG TABLET	C4L	2,456	0.738	125
PROPOXY-N/APAP 100-650 TAB	H3A	2,364	0.710	127
LIPITOR 10MG TABLET	M4E	2,330	0.700	94
LEXAPRO 10MG TABLET	H2S	2,330	0.700	88
ALLEGRA 180MG TABLET	Z2A	2,283	0.686	88
HYDROCODONE/APAP 7.5/500 TB	H3A	2,271	0.682	105
ZOLOFT 50MG TABLET	H2S	2,199	0.660	92
CLONAZEPAM 1MG TABLET	H4B	2,147	0.645	96
SINGULAIR 10MG TABLET	Z4B	2,133	0.641	81
CLONAZEPAM 0.5MG TABLET	H4B	2,012	0.604	90
CLONIDINE HCL 0.1MG TABLET	A4B	1,982	0.595	85
POTASSIUM CL 20MEQ TAB SA	C1D	1,963	0.589	131
HYDROCODONE/APAP 7.5/750 TB	H3A	1,956	0.587	90
SEROQUEL 25MG TABLET	H7T	1,902	0.571	143
NEURONTIN 300MG CAPSULE	H4B	1,900	0.570	143
LORAZEPAM 0.5MG TABLET	H2F	1,887	0.567	130

FUROSEMIDE 20MG TABLET	R1M	1,831	0.550	123
DEPAKOTE ER 500MG TAB SA	H4B	1,802	0.541	106
HYDROCHLOROTHIAZIDE 25MG TB	R1F	1,766	0.530	49
PHENYTOIN SOD EXT 100MG CAP	H4B	1,653	0.496	171
NORVASC 5MG TABLET	A9A	1,616	0.485	80
FAMOTIDINE 20MG TABLET	D4K	1,602	0.481	67
HYDROCODONE/APAP 10/500 TAB	H3A	1,592	0.478	70
RANITIDINE 150MG CAPSULE	D4K	1,591	0.478	15
LORATADINE 10MG TABLET	Z2A	1,554	0.467	38
LORAZEPAM 1MG TABLET	H2F	1,545	0.464	69
RISPERDAL 1MG TABLET	H7T	1,447	0.434	86
LIPITOR 20MG TABLET	M4E	1,413	0.424	60
MULTIVITAMIN TABLET	C6Z	1,403	0.421	69
NORVASC 10MG TABLET	A9A	1,385	0.416	59
CYCLOBENZAPRINE 10MG TABLET	H6H	1,378	0.414	48
SEROQUEL 100MG TABLET	H7T	1,368	0.411	95
ZYRTEC 1MG/ML SYRUP	Z2A	1,360	0.408	35
TRAZODONE 50MG TABLET	H7E	1,300	0.390	80
FLUOXETINE 20MG CAPSULE	H2S	1,295	0.389	76
ALPRAZOLAM 0.25MG TABLET	H2F	1,278	0.384	59
LISINOPRIL 10MG TABLET	A4D	1,274	0.382	44
COMBIVENT INHALER	J5D	1,261	0.378	55
RISPERDAL 0.5MG TABLET	H7T	1,258	0.378	94
TOTALS FOR TOP 50 DRUGS		102,703	30.864	5,050
TOTALS FOR ALL DRUGS		332,757		16,877
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: HD

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
PROPOXY-N/APAP 100-650 TAB	H3A	11,131	14.835	5,150
HYDROCODONE/APAP 5/500 TAB	H3A	3,594	4.790	2,911
PROTONIX 40MG TABLET EC	D4K	2,408	3.209	699
PROMETHAZINE 25MG TABLET	Z2A	1,867	2.488	1,017
HYDROCODONE/APAP 7.5/750 TB	H3A	1,781	2.373	2,009
GENEBS 325MG TABLET	H3E	1,693	2.256	1,241
ACETAMINOPHEN/COD #3 TABLET	H3A	1,670	2.225	342
HYDROCODONE/APAP 7.5/500 TB	H3A	1,488	1.983	2,008
TRAMADOL HCL 50MG TABLET	H3A	1,256	1.673	620
IBUPROFEN 800MG TABLET	S2B	1,095	1.459	454
PREVACID 30MG CAPSULE DR	D4K	1,052	1.402	121
ULTRACET TABLET	H3A	945	1.259	19
DOCUSATE SODIUM 100MG CAP	D6S	809	1.078	1,017
NEXIUM 40MG CAPSULE	D4K	717	0.955	212
BUTALBITAL/APAP/CAFFEINE TB	H3E	674	0.898	487
HYDROCODONE BT-IBUPROFEN TB	H3A	629	0.838	418
HYDROCODONE/APAP 10/500 TAB	H3A	610	0.812	245
GENEBS 500MG TABLET	H3E	605	0.806	372
CARISOPRODOL 350MG TABLET	H6H	566	0.754	46
EFFEXOR XR 150MG CAPSULE SA	H7C	543	0.723	3,530
IBUPROFEN 600MG TABLET	S2B	515	0.686	269
ALDARA 5% CREAM	Z2G	515	0.686	243
CONCERTA 36MG TABLET SA	H2V	503	0.670	4,657
MECLIZINE 25MG TABLET	H6J	493	0.657	316
BEXTRA 10MG TABLET	S2B	490	0.653	116
LONOX TABLET	D6D	470	0.626	280
LOPERAMIDE 2MG CAPSULE	D6D	469	0.625	215

ACTONEL 35MG TABLET	P4L	465	0.619	292
HUMIBID LA TABLET	B3J	461	0.614	246
LEVAQUIN 500MG TABLET	W1Q	438	0.583	146
FERREX 150 FORTE CAPSULE	C3B	426	0.567	253
PHENAZOPYRIDINE 200MG TAB	R5A	426	0.567	244
NAPROXEN SODIUM 550MG TAB	S2B	416	0.554	189
FOSAMAX 70MG TABLET	P4L	405	0.539	354
BENZONATATE 100MG CAPSULE	H6C	403	0.537	194
ACIPHEX 20MG TABLET EC	D4K	395	0.526	101
KETOROLAC 10MG TABLET	S2B	378	0.503	120
ALLEGRA 180MG TABLET	Z2A	366	0.487	67
BENZONATATE 200MG CAPSULE	H6C	362	0.482	169
AMBIEN 10MG TABLET	H2E	342	0.455	1,877
ORTHO EVRA PATCH	G8F	335	0.446	80
MAGNESIUM OXIDE 400MG TAB	C1H	323	0.430	0
MULTIVITAMIN TABLET	C6Z	304	0.405	158
DURADRIN CAPSULE	H3F	303	0.403	14
LORATADINE 10MG TABLET	Z2A	300	0.399	242
ADDERALL XR 20MG CAPSULE SA	J5B	299	0.398	2,742
NAPROXEN 500MG TABLET	S2B	287	0.382	150
LEXAPRO 20MG TABLET	H2S	261	0.347	1,329
OMEPRAZOLE 20MG CAPSULE DR	D4K	261	0.347	93
OXYCODONE W/APAP 5/325 TAB	H3A	258	0.343	236
TOTALS FOR TOP 50 DRUGS		46,802	62.376	38,310
TOTALS FOR ALL DRUGS		75,031		82,295
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: ID

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
HYDROCODONE/APAP 5/500 TAB	H3A	2,768	6.373	5,160
HYDROCODONE/APAP 7.5/500 TB	H3A	1,158	2.666	2,423
PROPOXY-N/APAP 100-650 TAB	H3A	1,028	2.367	2,586
ULTRACET TABLET	H3A	1,028	2.367	28
HYDROCODONE/APAP 7.5/750 TB	H3A	929	2.139	1,849
ADVAIR 500/50 DISKUS	J5G	821	1.890	97
HYDROCODONE/APAP 10/500 TAB	H3A	818	1.883	1,169
ZOLOFT 100MG TABLET	H2S	777	1.789	1,243
LEXAPRO 10MG TABLET	H2S	673	1.549	970
TRAZODONE 50MG TABLET	H7E	636	1.464	242
PREVACID 30MG CAPSULE DR	D4K	614	1.413	15
ZOLOFT 50MG TABLET	H2S	607	1.397	1,072
TRAZODONE 100MG TABLET	H7E	589	1.356	536
FLUOXETINE 20MG CAPSULE	H2S	563	1.296	708
LEXAPRO 20MG TABLET	H2S	561	1.291	1,239
EFFEXOR XR 75MG CAPSULE SA	H7C	555	1.277	1,019
NEXIUM 40MG CAPSULE	D4K	532	1.225	14
EFFEXOR XR 150MG CAPSULE SA	H7C	520	1.197	1,308
BUPROPION SR 150MG TABLET	H7D	484	1.114	372
PROTONIX 40MG TABLET EC	D4K	478	1.100	15
ACETAMINOPHEN/COD #3 TABLET	H3A	469	1.079	1,104
RHINOCORT AQUA NASAL SPRAY	Q7P	456	1.050	13
OXYCODONE W/APAP 5/325 TAB	H3A	431	0.992	1,514
OMEPRAZOLE 20MG CAPSULE DR	D4K	423	0.974	12
DURADRIN CAPSULE	H3F	401	0.923	10
HYDROCODONE/APAP 10/650 TAB	H3A	391	0.900	519
TRAZODONE 150MG TABLET	H7E	378	0.870	340

ADVAIR 250/50 DISKUS	J5G	376	0.865	196
ALBUTEROL 90MCG INHALER	J5D	367	0.845	51
MIRTAZAPINE 30MG TABLET	H7B	308	0.709	436
PAXIL CR 25MG TABLET	H2S	300	0.690	527
AMITRIPTYLINE HCL 25MG TAB	H2U	271	0.624	300
HYDROCORTISONE AC 25MG SUPP	Q3A	267	0.614	1
PAROXETINE HCL 20MG TABLET	H2S	262	0.603	363
MIRTAZAPINE 15MG TABLET	H7B	258	0.594	203
CELEXA 20MG TABLET	H2S	249	0.573	296
WELLBUTRIN XL 300MG TABLET	H7D	245	0.564	558
HYDROCODONE/APAP 10/325 TAB	H3A	243	0.559	533
COMBIVENT INHALER	J5D	240	0.552	37
FLUOXETINE HCL 40MG CAPSULE	H2S	230	0.529	371
CELEXA 40MG TABLET	H2S	215	0.495	316
WELLBUTRIN XL 150MG TABLET	H7D	213	0.490	419
AMITRIPTYLINE HCL 50MG TAB	H2U	212	0.488	302
ALLEGRA-D TABLET SA	Z2A	210	0.483	4
TEMAZEPAM 30MG CAPSULE	H2E	190	0.437	56
ALLEGRA 180MG TABLET	Z2A	185	0.425	19
ZYRTEC 10MG TABLET	Z2A	185	0.425	8
FLUOXETINE HCL 20MG TABLET	H2S	183	0.421	122
CLIDINIUM/CDP CAPSULE	J2B	179	0.412	1
PREDNISONE 10MG TABLET	P5A	176	0.405	23
TOTALS FOR TOP 50 DRUGS		24,652	56.765	30,719
TOTALS FOR ALL DRUGS		43,428		43,054
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: LD

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
CARISOPRODOL 350MG TABLET	H6H	2,137	9.173	22
BEXTRA 20MG TABLET	S2B	1,274	5.468	74
SKELAXIN 400MG TABLET	H6H	1,003	4.305	16
CYCLOBENZAPRINE 10MG TABLET	H6H	586	2.515	211
SEROQUEL 100MG TABLET	H7T	533	2.288	609
FLUCONAZOLE 150MG TABLET	W3B	458	1.966	94
SKELAXIN 800MG TABLET	H6H	442	1.897	5
NEURONTIN 300MG CAPSULE	H4B	431	1.850	78
AMOXICILLIN 500MG CAPSULE	W1A	359	1.541	33
SEROQUEL 200MG TABLET	H7T	324	1.390	378
NEURONTIN 100MG CAPSULE	H4B	315	1.352	90
METHOCARBAMOL 750MG TABLET	H6H	249	1.068	150
PHENYTOIN SOD EXT 100MG CAP	H4B	223	0.957	22
CEPHALEXIN 250MG CAPSULE	W1W	222	0.952	36
ALLEGRA 60MG TABLET	Z2A	216	0.927	8
SEROQUEL 25MG TABLET	H7T	209	0.897	168
ORTHO EVRA PATCH	G8F	194	0.832	22
METFORMIN HCL 500MG TABLET	C4L	190	0.815	122
TOPAMAX 100MG TABLET	H4B	181	0.776	32
FLEXERIL 5MG TABLET	H6H	179	0.768	0
METOCLOPRAMIDE 10MG TABLET	J9A	175	0.751	112
CLINDAMYCIN HCL 300MG CAPS	W1K	173	0.742	13
DEPAKOTE 250MG TABLET EC	H4B	169	0.725	21
BACLOFEN 10MG TABLET	H6H	167	0.716	99
CIPROFLOXACIN HCL 500MG TAB	W1Q	161	0.691	22
RISPERDAL 0.5MG TABLET	H7T	158	0.678	138
PROTONIX 20MG TABLET EC	D4K	158	0.678	2

AVANDIA 2MG TABLET	C4N	153	0.656	5
NEURONTIN 600MG TABLET	H4B	152	0.652	31
ZITHROMAX 250MG TABLET	W1D	150	0.643	7
FAMVIR 250MG TABLET	W5A	149	0.639	3
IMITREX 50MG TABLET	H3F	145	0.622	52
HYDROCHLOROTHIAZIDE 25MG TB	R1F	138	0.592	21
TRILEPTAL 150MG TABLET	H4B	136	0.583	24
FAMVIR 500MG TABLET	W5A	136	0.583	7
METOCLOPRAMIDE 5MG TABLET	J9A	134	0.575	59
ZOFRAN 4MG TABLET	H6J	132	0.566	42
IMITREX 100MG TABLET	H3F	127	0.545	45
ERY-TAB 250MG TABLET EC	W1D	124	0.532	2
CELEBREX 100MG CAPSULE	S2B	122	0.523	5
METHOCARBAMOL 500MG TABLET	H6H	117	0.502	66
MACROBID 100MG CAPSULE	W2F	113	0.485	19
TETRACYCLINE 500MG CAPSULE	W1C	110	0.472	35
NYSTATIN 100000 UNITS/ML SU	W3A	109	0.467	102
AMPICILLIN TR 500MG CAPSULE	W1A	108	0.463	60
PENICILLIN VK 500MG TABLET	W1A	105	0.450	5
IMITREX 6MG/0.5ML SYRNG KIT	H3F	102	0.437	37
AUGMENTIN XR 1000-62.5 TAB	W1A	101	0.433	47
DILANTIN 50MG INFATAB	H4B	101	0.433	32
ALBUTEROL SULFATE 4MG TAB	J5D	99	0.424	3
TOTALS FOR TOP 50 DRUGS		13,749	59.021	3,286
TOTALS FOR ALL DRUGS		23,295		6,588
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: MX

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
MAGNESIUM OXIDE 400MG TAB	C1H	27	12.676	0
KWELL 1% CREAM	Q5R	16	7.511	0
DOCUSATE SODIUM 100MG CAP	D6S	12	5.633	0
ZOVIRAX 5% OINTMENT	Q5V	9	4.225	0
TEMAZEPAM 15MG CAPSULE	H2E	8	3.755	26
SENNA-GEN TABLET	D6S	8	3.755	0
SM FIBER POWDER	D6S	7	3.286	0
QUININE SULFATE 200MG CAP	W4A	7	3.286	0
QC STOOL SOFTENER/LAX CAP	D6S	7	3.286	0
QUININE SULFATE 260MG TAB	W4A	6	2.816	31
MILK OF MAGNESIA SUSPENSION	D6S	5	2.347	0
CITRATE OF MAGNESIA SOLN	D6S	5	2.347	0
VEGETABLE LAXATIVE POWDER	D6S	5	2.347	0
DOXIDAN CAPSULE	D6S	5	2.347	0
NICOTINE 14MG/24HR PATCH	J3A	4	1.877	1
ISOPTO HOMATROPINE 5% DROPS	Q6J	4	1.877	0
GENTIAN VIOLET 1% SOLUTION	Q5F	4	1.877	0
GANTRISIN 500MG/5ML SYRUP	W2A	4	1.877	0
LINDANE 1% SHAMPOO	Q5R	3	1.408	1
SANI-SUPP ADULT SUPPOSITORY	Q3S	3	1.408	0
QUININE SULF 325MG CAPTAB	W4A	3	1.408	0
GENTIAN VIOLET 2% SOLUTION	Q5F	3	1.408	0
QUININE SULFATE 325MG CAP	W4A	2	0.938	29
DIAZEPAM 5MG TABLET	H2F	2	0.938	3
AMOXICILLIN 500MG CAPSULE	W1A	2	0.938	2
NYSTATIN 100000U/GM CREAM	Q5F	2	0.938	0
NICOTINE 7MG/24HR PATCH	J3A	2	0.938	0

AMANTADINE 100MG CAPSULE	H6A	2	0.938	0
SOMNOTE 500MG SOFTGEL	H2E	2	0.938	0
MINERAL OIL,HEAVY	D6S	2	0.938	0
ERYTHROCIN 500MG FILMTAB	W1D	2	0.938	0
DOCUSATE SOD 20MG/5ML SYRUP	D6S	2	0.938	0
EAR DROPS 6.5%	Q8R	2	0.938	0
NEOMYCIN/POLY/GRAM EYE DROP	Q6W	2	0.938	0
LACTULOSE 10GM/15ML SYRUP	D6S	1	0.469	3
KETOROLAC 10MG TABLET	S2B	1	0.469	2
LORAZEPAM 0.5MG TABLET	H2F	1	0.469	2
CHLORAL HYDRATE 500MG/5ML	H2E	1	0.469	2
NEOMYCIN 500MG TABLET	W1F	1	0.469	1
VALTREX 500MG CAPLET	W5A	1	0.469	1
NYSTOP 100,000U/GM POWDER	Q5F	1	0.469	0
BISAC-EVAC 10MG SUPPOSITORY	Q3S	1	0.469	0
SULFAMETHOXAZOLE/TMP DS TAB	W2A	1	0.469	0
PHENTERMINE 37.5MG TABLET	J8A	1	0.469	0
ERYTHROCIN 250MG FILMTAB	W1D	1	0.469	0
GENTAMICIN 3MG/ML EYE DROPS	Q6W	1	0.469	0
IBUPROFEN 200MG TABLET	S2B	1	0.469	0
ATROPINE 1% EYE DROPS	Q6J	1	0.469	0
CLOBETASOL 0.05% OINTMENT	Q5P	1	0.469	0
TOBRAMYCIN 0.3% EYE DROPS	Q6W	1	0.469	0
TOTALS FOR TOP 50 DRUGS		195	91.549	104
TOTALS FOR ALL DRUGS		213		1,170
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: PA

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
CARBOFED DM DROPS	B3K	1,728	23.590	6,638
P CHLOR GG PEDIATRIC DROPS	B3J	1,232	16.819	179
ANDEHIST NR ORAL DROPS	B3K	603	8.232	2,583
CARDEC DM SYRUP	B3K	374	5.105	846
GUANFACINE 1MG TABLET	A4B	354	4.832	1,806
WE ALLERGY SYRUP	B3K	276	3.767	1,219
DIPHEN AF 12.5MG/5ML ELIXIR	Z2A	212	2.894	651
LEVAQUIN 500MG TABLET	W1Q	131	1.788	438
CHLOR-MES D LIQUID	Z2A	128	1.747	228
LAMICTAL 25MG TABLET	H4B	108	1.474	652
CHLORDEX GP SYRUP	B3J	104	1.419	60
PHENYL CHLOR-TAN SUSPENSION	B3K	99	1.351	763
ANDEHIST NR SYRUP	B3K	88	1.201	181
CARBINOXAMINE PD LIQUID	Z2A	86	1.174	1,069
CARDEC-DM DROPS	B3K	83	1.133	64
PAROXETINE HCL 20MG TABLET	H2S	77	1.051	282
SULFATRIM SUSPENSION	W2A	68	0.928	281
CARBOFED DM ORAL DROPS	B3K	66	0.901	56
LAMICTAL 100MG TABLET	H4B	64	0.873	417
PAXIL 10MG TABLET	H2S	51	0.696	256
PAXIL CR 25MG TABLET	H2S	47	0.641	206
PAXIL CR 12.5MG TABLET	H2S	44	0.600	200
BROTAPP DM LIQUID	B3K	41	0.559	0
LEVAQUIN 250MG TABLET	W1Q	38	0.518	151
SOBA TRIACTING CLD/COUG LIQ	B3K	38	0.518	0
ANDEHIST DROPS	B3K	35	0.477	15
CARBINOXAMINE PSE SYRUP	Z2A	34	0.464	29

CODAL-DH SYRUP	B3K	31	0.423	311
V-R VALU-TAPP ELIXIR	B3K	31	0.423	57
NYSTATIN 100000 UNITS/ML SU	W3A	31	0.423	30
LAMICTAL 5MG DISPER TABLET	H4B	28	0.382	132
CARBINOXAMINE DROPS	Z2A	28	0.382	26
GUANFACINE 2MG TABLET	A4B	27	0.368	44
CARBODEC DROPS	Z2A	27	0.368	3
AVELOX 400MG TABLET	W1Q	26	0.354	62
TUSSI-12D S SUSPENSION	B3K	24	0.327	185
CVS ALLERGY 12.5MG/5ML ELIX	Z2A	23	0.313	54
HISTEX PD 12 SUSPENSION	Z2A	22	0.300	26
DE-CHLOR DR LIQUID	B3K	21	0.286	434
PEDIATEX 2MG/5ML LIQUID	Z2A	21	0.286	19
TANNIHIST-12 RF SUSPENSION	B3K	19	0.259	211
BROMETANE DX SYRUP	B3K	19	0.259	202
TEQUIN 400MG TABLET	W1Q	19	0.259	60
PHENYLHISTINE DH LIQUID	B3K	19	0.259	0
UNI-HIST DM PEDIATRIC DROP	B3K	18	0.245	110
CODITUSS DM SYRUP	B3K	18	0.245	25
LAMICTAL 200MG TABLET	H4B	16	0.218	40
TETRACYCLINE 500MG CAPSULE	W1C	16	0.218	17
NALEX A 12 SUSPENSION	B3K	15	0.204	42
DONATUSSIN SYRUP	B3J	15	0.204	22
TOTALS FOR TOP 50 DRUGS		6,723	91.781	21,382
TOTALS FOR ALL DRUGS		7,325		26,663
TOTAL CLAIMS SCREENED		19,080,077		

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: PG

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
IBUPROFEN 800MG TABLET	S2B	611	17.865	1,861
METRONIDAZOLE 500MG TABLET	W4E	492	14.385	1,498
IBUPROFEN 600MG TABLET	S2B	408	11.929	1,395
ORTHO EVRA PATCH	G8F	183	5.350	445
NAPROXEN SODIUM 550MG TAB	S2B	181	5.292	208
SULFAMETHOXAZOLE/TMP DS TAB	W2A	150	4.385	367
ERRIN TABLET	G8A	141	4.122	331
METRONIDAZOLE 250MG TABLET	W4E	129	3.771	373
TRINESSA TABLET	G8A	106	3.099	275
BUTALBITAL/APAP/CAFFEINE TB	H3E	71	2.076	269
NAPROXEN 500MG TABLET	S2B	60	1.754	143
CARISOPRODOL 350MG TABLET	H6H	51	1.491	0
ORTHO TRI-CYCLEN LO TABLET	G8A	50	1.461	119
IBUPROFEN 400MG TABLET	S2B	49	1.432	45
DEPO-PROVERA 150MG/ML VIAL	G8C	43	1.257	119
DEPO-PROVERA 150MG/ML SYRN	G8C	43	1.257	111
NAPROXEN SODIUM 275MG TAB	S2B	40	1.169	28
METHERGINE 0.2MG TABLET	G3A	31	0.906	133
HYDROCODONE BT-IBUPROFEN TB	H3A	27	0.789	63
KETOROLAC 10MG TABLET	S2B	27	0.789	41
PROMETRIUM 200MG CAPSULE	G2A	26	0.760	99
AVIANE-28 TABLET	G8A	24	0.701	33
YASMIN 28 TABLET	G8A	19	0.555	70
METROGEL TOPICAL 0.75% GEL	L5G	18	0.526	5
CRINONE 8% GEL	P0C	16	0.467	0
LINDANE 1% SHAMPOO	Q5R	14	0.409	23
SPRINTEC 28 DAY TABLET	G8A	13	0.380	42

OVCON-35 28 TABLET	G8A	13	0.380 29
PROGESTERONE POWDER	U6W	13	0.380 15
NUVARING VAGINAL RING	G9B	12	0.350 20
MISOPROSTOL 200MCG TABLET	D4E	12	0.350 2
CELEBREX 200MG CAPSULE	S2B	11	0.321 4
NECON 1/35-28 TABLET	G8A	10	0.292 50
NECON 7/7/7-28 TABLET	G8A	10	0.292 15
TRIVORA-28 TABLET	G8A	9	0.263 28
PROMETRIUM 100MG CAPSULE	G2A	9	0.263 26
METRONIDAZOLE ER 750MG TAB	W4E	9	0.263 16
IBUPROFEN 200MG TABLET	S2B	8	0.233 2
BEXTRA 20MG TABLET	S2B	8	0.233 1
VIOXX 25MG TABLET	S2B	8	0.233 0
LOW-OGESTREL-28 TABLET	G8A	7	0.204 20
IBUPROFEN 100MG/5ML SUSP	S2B	7	0.204 14
BUTALBITAL/APAP/CAFFEINE TB	H3E	7	0.204 2
WARFARIN SODIUM 5MG TABLET	M9L	6	0.175 24
BUTALBITAL COMPOUND CAPSULE	H3D	6	0.175 11
PLAN B 0.75MG TABLET	G8A	6	0.175 5
ULTRACET TABLET	H3A	6	0.175 0
CLIDINIUM/CDP CAPSULE	J2B	6	0.175 0
DICLOFENAC POT 50MG TABLET	S2B	5	0.146 15
APRI 28 DAY TABLET	G8A	5	0.146 11
TOTALS FOR TOP 50 DRUGS		3,216	94.035 8,406
TOTALS FOR ALL DRUGS		3,420	9,315
TOTAL CLAIMS SCREENED		19,080,077	

TOP 50 DRUGS BY DUR CONFLICT – continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: SX

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
VIAGRA 50MG TABLET	F2A	31	16.939	0
VIAGRA 100MG TABLET	F2A	23	12.568	0
TERAZOL 7 CREAM	Q4F	13	7.103	0
MICONAZOLE NITRATE 2% CREAM	Q4F	12	6.557	0
DEPO-PROVERA 150MG/ML VIAL	G8C	10	5.464	4
METROGEL-VAGINAL 0.75% GEL	Q4W	8	4.371	0
ESTRADIOL 0.1MG/DAY PATCH	G1A	5	2.732	4
TERCONAZOLE 0.8% VAGINAL CR	Q4F	5	2.732	0
DEPO-PROVERA 150MG/ML SYRN	G8C	4	2.185	4
EVISTA 60MG TABLET	P4L	4	2.185	0
SPRINTEC 28 DAY TABLET	G8A	4	2.185	0
PROPECIA 1MG TABLET	L1C	4	2.185	0
ORTHO EVRA PATCH	G8F	3	1.639	0
YASMIN 28 TABLET	G8A	3	1.639	0
CIALIS 20MG TABLET	F2A	3	1.639	0
CLEOCIN 2% VAGINAL CREAM	Q4W	3	1.639	0
LEVITRA 10MG TABLET	F2A	3	1.639	0
VIAGRA 25MG TABLET	F2A	3	1.639	0
GYNE-LOTRIMIN 1% CREAM	Q4F	2	1.092	1
CLIMARA 0.025MG/DAY PATCH	G1A	2	1.092	1
TRINESSA TABLET	G8A	2	1.092	0
ESTRADERM 0.1MG PATCH	G1A	2	1.092	0
ESTRADIOL 0.05MG/DAY PATCH	G1A	2	1.092	0
MONISTAT 3 CREAM	Q4F	2	1.092	0
TERAZOL 3 80MG SUPPOSITORY	Q4F	2	1.092	0
CIALIS 10MG TABLET	F2A	2	1.092	0
LEVITRA 5MG TABLET	F2A	2	1.092	0

LUPRON DEPOT 7.5MG KIT	V1O	1	0.546
1			
PROGESTERONE OIL 50MG/ML VL	G2A	1	0.546
1			
ERRIN TABLET	G8A	1	0.546
0			
ESTROSTEP FE-28 TABLET	G8A	1	0.546
0			
PREMPRO 0.625/2.5MG TABLET	G1A	1	0.546
0			
PROMETRIUM 100MG CAPSULE	G2A	1	0.546
0			
PROSCAR 5MG TABLET	Q9B	1	0.546
0			
KARIVA 28 DAY TABLET	G8A	1	0.546
0			
PREMARIN VAGINAL CREAM/APPL	Q4K	1	0.546
0			
ESTROPIPATE 2.5 TABLET	G1A	1	0.546
0			
ESTRATEST TABLET	G1B	1	0.546
0			
AVODART 0.5MG CAPSULE	Q9B	1	0.546
0			
MICONAZOLE 3 200MG VAG SUPP	Q4F	1	0.546
0			
PREMPRO 0.625/5MG TABLET	G1A	1	0.546
0			
PREMPRO 0.45/1.5MG TABLET	G1A	1	0.546
0			
PREMPRO 0.3MG/1.5MG TABLET	G1A	1	0.546
0			
AVIANE-28 TABLET	G8A	1	0.546
0			
LEVITRA 20MG TABLET	F2A	1	0.546
0			
CIALIS 5MG TABLET	F2A	1	0.546
0			
ANDRODERM 2.5MG/24HR PATCH	F1A	1	0.546
0			
ANDRODERM 5MG/24HR PATCH	F1A	1	0.546
0			
COMBIPATCH 0.05/0.25MG PTCH	G1A	1	0.546
0			
MASSENGILL DISP DOUCHE	Q4A	1	0.546
0			
TOTALS FOR TOP 50 DRUGS		182	99.453
16			
TOTALS FOR ALL DRUGS		183	
64			
TOTAL CLAIMS SCREENED		19,080,077	

TOP 50 DRUGS BY DUR CONFLICT - continued -

AS OF 01/19/05 CLAIMS FROM 10/01/2003 - 09/30/2004

DUR CONFLICT: TD

DRUG	THERA CLASS	# ALERTS	% OF TOTAL THIS CNFLT	# OF OVERRIDES
HYDROCODONE/APAP 5/500 TAB	H3A	3,639	2.942	21,666
HYDROCODONE/APAP 7.5/500 TB	H3A	1,668	1.348	11,732
PREVACID 30MG CAPSULE DR	D4K	1,650	1.334	86
PROTONIX 40MG TABLET EC	D4K	1,559	1.260	268
FUROSEMIDE 40MG TABLET	R1M	1,480	1.196	2,024
DURAGESIC 50MCG/HR PATCH	H3A	1,472	1.190	6,362
HYDROCODONE/APAP 10/500 TAB	H3A	1,418	1.146	6,904
HYDROCODONE/APAP 7.5/750 TB	H3A	1,365	1.103	8,040
DURAGESIC 25MCG/HR PATCH	H3A	1,351	1.092	6,117
NEXIUM 40MG CAPSULE	D4K	1,310	1.059	57
PROPOXY-N/APAP 100-650 TAB	H3A	1,298	1.049	10,280
LEVAQUIN 250MG TABLET	W1Q	1,275	1.031	963
ULTRACET TABLET	H3A	1,233	0.997	98
FUROSEMIDE 20MG TABLET	R1M	1,098	0.887	1,466
CEPHALEXIN 250MG CAPSULE	W1W	1,083	0.875	594
CARISOPRODOL 350MG TABLET	H6H	996	0.805	298
ZYRTEC 10MG TABLET	Z2A	992	0.802	24
DURAGESIC 100MCG/HR PATCH	H3A	938	0.758	4,706
OXYCONTIN 40MG TABLET SA	H3A	824	0.666	5,745
OXYCONTIN 20MG TABLET SA	H3A	795	0.642	5,853
DURAGESIC 75MCG/HR PATCH	H3A	762	0.616	3,937
OXYCODONE W/APAP 5/325 TAB	H3A	755	0.610	6,767
TRAMADOL HCL 50MG TABLET	H3A	750	0.606	6,614
SEROQUEL 100MG TABLET	H7T	737	0.596	6,447
CELEBREX 200MG CAPSULE	S2B	726	0.587	816
FUROSEMIDE 80MG TABLET	R1M	725	0.586	1,018

LIPITOR 20MG TABLET	M4E	709	0.573	1,007
LISINOPRIL 20MG TABLET	A4D	664	0.536	815
SEROQUEL 25MG TABLET	H7T	652	0.527	5,886
LISINOPRIL 10MG TABLET	A4D	615	0.497	668
PHENYTOIN SOD EXT 100MG CAP	H4B	605	0.489	317
CLONAZEPAM 1MG TABLET	H4B	605	0.489	252
TRICOR 160MG TABLET	M4E	581	0.469	967
LIPITOR 10MG TABLET	M4E	576	0.465	756
ACETAMINOPHEN/COD #3 TABLET	H3A	569	0.460	3,608
OMEPRAZOLE 20MG CAPSULE DR	D4K	557	0.450	111
GEMFIBROZIL 600MG TABLET	M4E	554	0.448	480
SEROQUEL 200MG TABLET	H7T	547	0.442	4,901
HYDROCODONE/APAP 10/650 TAB	H3A	543	0.439	2,523
CLONAZEPAM 0.5MG TABLET	H4B	525	0.424	205
FUROSEMIDE 10MG/ML VIAL	R1M	502	0.405	324
RISPERDAL 1MG TABLET	H7T	491	0.397	4,784
OXYCONTIN 10MG TABLET SA	H3A	487	0.393	2,697
LIPITOR 40MG TABLET	M4E	483	0.390	805
NORVASC 10MG TABLET	A9A	480	0.388	575
METHADOSE 10MG TABLET	H3A	475	0.384	4,325
ALBUTEROL 90MCG INHALER	J5D	466	0.376	124
AUGMENTIN ES-600 SUSPENSION	W1A	465	0.376	372
ALLEGRA-D TABLET SA	Z2A	464	0.375	2
ACIPHEX 20MG TABLET EC	D4K	463	0.374	23
TOTALS FOR TOP 50 DRUGS		44,977	36.373	155,409
TOTALS FOR ALL DRUGS		123,653		384,119
TOTAL CLAIMS SCREENED		19,080,077		

ATTACHMENT 2.1.D ProDUR Activity:

DUR CONFLICTS BY PHARMACIST INTERVENTION & OUTCOMES

REPT: PDMM5050-R001 ACS PRESCRIPTION DRUG CARD SERVICES

CLAIMS FROM 10/01/2003 - 09/30/2004

OUTCOME 1A OUTCOME 1B OUTCOME 1C OUTCOME 1D OUTCOME 1E OUTCOME 1F OUTCOME 1G

DUR CONFLICT		INTERVENTION	FALSE +	AS IS	DIFF DOSE	DIFF DIREC	DIFF
DRUG	DIFF QTY	PRESC OK	T O T A L				
DA		M0	3	173	2	0	
0	0	50	228				
DRUG-ALLERGY		P0	0	29	0	0	
0	0	0	29				
		R0	26	378	0	0	
0	0	31	435				
DD		M0	18	2,874	0	4	
4	0	988	3,888				
DRUG-DRUG		P0	2	98	0	0	
0	0	2	102				
		R0	77	5,434	2	0	
2	0	84	5,599				
ER		M0	255	4,863	212	353	
7	3	1,957	7,650				
OVER USE		P0	3	421	6	11	
0	0	3	444				
		R0	94	6,550	115	162	
3	6	1,853	8,783				
HD		M0	1,257	23,862	86	134	
16	7	11,170	36,532				
HIGH DOSE		P0	116	2,786	4	4	
0	0	30	2,940				
		R0	619	40,349	152	64	
37	2	1,600	42,823				
ID		M0	235	12,501	147	32	
124	6	6,539	19,584				
INGR-DUP		P0	8	1,084	2	0	
0	1	16	1,111				
		R0	318	21,186	110	20	
77	0	648	22,359				
LD		M0	24	1,856	7	3	
3	1	1,078	2,972				
LOW DOSE		P0	3	111	1	0	
0	0	2	117				
		R0	52	3,351	6	3	
4	0	83	3,499				
MX		M0	0	268	0	0	
0	0	257	525				
EXCESS-DUR		P0	0	2	0	0	
0	0	0	2				
		R0	14	628	0	0	
0	0	1	643				
PA		M0	208	7,553	8	5	
3	5	3,655	11,437				
DRUG-AGE		P0	33	737	1	1	
0	0	4	776				
		R0	235	13,844	8	2	
0	1	360	14,450				
PG		M0	135	2,645	2	4	
3	2	1,261	4,052				
DRUG-PREG		P0	57	461	0	0	
0	0	14	532				
		R0	139	4,415	8	0	
0	0	169	4,731				
SX		M0	0	32	0	0	
0	0	9	41				
DRUG-SEX		P0	0	3	0	0	
0	0	0	3				
		R0	0	19	0	0	
0	0	1	20				
TD		M0	6,791	97,375	1,557	621	
1,530	52	53,738	161,664				
THER. DUP		P0	571	14,049	112	19	
52	1	197	15,001				

	R0		3,003	180,384	8,655	206	
1,771	13	13,422	207,454				
T O T A L S	**M0**		**8,926**	**154,002**	**2,021**	**1,156**	
1,690	**76**	**80,702**	**248,573**				
	P0		**793**	**19,781**	**126**	**35**	
52	**2**	**268**	**21,057**				
	R0		**4,577**	**276,538**	**9,056**	**457**	
1,894	**22**	**18,252**	**310,796**				

ATTACHMENT 2.2 PA ACTIVITY SUMMARY

Contractor: ACS State Healthcare

Reporting Dates: 10/01/2003 to 9/30/2004

ACS Prior Authorization Summary (Represents telephone calls, FAXes and mailed requests)	
PA Type	**Count**
Information Only Calls – PDL Program	18,556
Regular PA Program*	92,705
Miscellaneous Prior Authorization Programs**	2,303
PDL PA Program	74,945
SUM:	**188,509**

*** Includes 34 day supply, "brand medically necessary", drug-drug, early refill, high dose, and therapeutic duplication related contacts**

** Please refer to page 21 for explanation of this category.

ATTACHMENT 2.2.A Detailed PA Activity by PA Type

Prior Authorization Activity

Reporting Date: From 10/01/2003 To 09/30/2004

Run Date: 3/2/2005

Client ID: INCAID

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

Regular PA Program

PA Type	A	D	S
34 Day Supply (non-maintenance drugs are limited to 34 day supply)	69		
Brand Medically Necessary	810	19	8
Drug-Drug Severity Level One	2,077	10	49
Early Refill	57,861	217	63
High Dose	7,389	53	12
Therapeutic Duplication	23,854	88	126
Sum:	**92,060**	**387**	**258**

Miscellaneous PA Program

PA Type	A	D	S
Carafate (Sucralfate)	197	82	26
Cytotec	42	21	5
Growth Hormones	289	32	8
Lactulose	96	1	26
Synagis	1,402	50	24
Zithromax IRDP	2		
Sum:	**2,028**	**186**	**89**

Attachment 2.2 --continued-- PA Activity

Prior Authorization Activity

Reporting Date: From 10/01/2003 To 09/30/2004

Run Date: 3/2/2005

Client ID: INCAID

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

PA Program for Non-Preferred Drugs

PA Type by Therapeutic Class	A	D	S
ACE Inhibitors	1,325	16	1
ACEI with CCB	126	1	
ACEI with Diuretics	104	1	
Actiq	32	40	
Alpha Adrenergic Blockers	67	1	
Alpha- Beta Adrenergic Blockers	931	6	9
Angiotensin Receptor Blockers (ARBs)	3,642	25	28
Antidiabetic Agents	513	2	3
Antiemetic - Antivertigo Agents	83	1	
Antifungal Oral	768	1	1
Antifungal Topicals	741	4	
Antipsoriatics	10		
Antiulcer- H Pyloric Agents	414	2	2
Antiviral Anti-herpetic Agents	433	1	2
Antiviral Influenza Agents	546	1	
ARBs with Diuretics	204		1
Benign Prostatic Hypertrophy	18		
Beta Adrenergic Blockers	131	1	
Beta Adrenergics & Corticosteroids	829	1	1
Bile Acid Sequestrants	182	2	
Bone Formation Stimulating	73	2	
Brand NSAIDS	2,375	92	443
Calcium Channel Blockers	351	3	
Carafate (Sucralfate)	197	82	26
Cephalosporins	553	5	
Cox-2 Inhibitor	4,687	488	77
Diflucan 150mg 2 Tablet Limit PDLDIFLUCAN	6		
Duragesic	919	1	
Eye Antibiotic- Corticosteroid Combo	204	4	1
Eye Antihistamines	242	4	1
Fibric Acids	921		
Fluoroquinolones	295	1	
Forteo	113	11	
Growth Hormones	289	32	8
H2 Antagonists	3	1	
Hematinics	13		
Heparin and Related Products	22		
HMG CoA Reductase Inhibitors	820	6	7
Imitrex Stat Dose Month Limit	6		
Imitrex Tablets Month Limit	15		
Inhaled Glucocorticoids	861	2	1
Lactulose	96	1	26
Leukocyte Stimulants	33		

ATTACHMENT 2.2 --continued-- PA Activity

Prior Authorization Activity

Reporting Date: From 10/01/2003 To 09/30/2004

Run Date: 3/2/2005

Client ID: INCAID

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

PA Type by Therapeutic Class	A	D	S
Leukotriene Receptor Antagonists	2,788	8	10
Long Acting Beta Agonists	209	1	
Loop Diuretics	92	2	
Macrolides	147		1
Miotics - OIPR	356		
Narcotics	1,110	23	3
Nasal Steroids and Antihistamines	262	3	
Non-Sedating Antihistamines	4,868	67	24
Ophthalmic Antibiotics	592	1	
Opthalmic Mast Cell Stabilizers	119	1	1
Oral Antifungals	55	1	
Otic Antibiotics	307	2	
Oxycodone and Hydrocodone APAP	50		
Oxycodone IR	7		
Oxycontin	357		1
Plan Limits	5,244	44	17
Platelet Aggregation Inhibitors	223	3	7
Prior Authorization	113	4	2
PROPOXYPHENE WITH APAP	5	1	
Proton Pump Inhibitors	22,830	119	124
SERMS - Bone Resorption Agents	809	4	
Short Acting Beta Agonists	2,723	8	1
Skeletal Muscle Relaxants	1,360	12	7
Smoking Deterrent Agents	43		
Stadol- NS	3		
Systemic Vitamin A Derivatives	116		
Thiazolidenediones	2,013	14	7
Topical Estrogen Agents	116	3	
Topical Vitamin A Derivatives	164	2	
Triptans	447	1	2
Ultracet	3	1	
Ultram and Ultracet	17		
Urinary Tract Antispasmodics- Antiincontinence	371	3	
Vaginal Antimicrobials	1,510	8	2
Zithromax Limit - PDLZPAK	52		
Zofran Tablet Limit (10 tablets per Rx)	7		
Sum:	73,681	1,177	847

ACS Detailed PDL PA Activity – continued -

Attachment 3
RetroDUR Activity

ATTACHMENT 3. RetroDUR ACTIVITY – FFY2004

ATTACHMENT 3 is a year end summary report on retrospective DUR screening and interventions.

RetroDUR Descriptive Overview

RetroDUR interventions were performed as approved by the DUR Board. The DUR Board met monthly to review proposed interventions. The proposed interventions were sometimes modified to meet Board approval. ACS State Healthcare performed RetroDUR interventions only when the DUR Board approved an individual intervention.

Attachment 3.1 reports RetroDUR procedures used by the state of Indiana and ACS. As required in the CMS instructions, Attachments 3.2 to 3.4 include the following:

1) Cover all criteria exceptions, and includes a denominator (% criteria exceptions / number of prescription claims adjudicated for a drug class or drug), and the number of interventions undertaken during the reporting period.

2) States which engage in physician, pharmacy profile analysis (i.e., review prescribing or dispensing of multiple prescriptions for multiple patients involving a particular problem type or diagnosis) or engage in patient profiling should report the number of each type of profile (physician, pharmacy, patient) reviewed and identify the subject(s) (diagnosis, problem type, etc.) involved.

The state of Indiana used ***three types of RetroDUR*** **interventions**:

Standard RetroDUR initiatives,
Intensive Benefits Management (IBM), and
Therapeutic Academic Interventions (TAI).

Standard RetroDUR intervention letters described potential drug therapy problem(s) in patient-specific situations. RetroDUR intervention letters may include the patient's current comprehensive drug history profile.

IBM interventions involved ACS pharmacists calling practitioners about targeted drug therapy problems. The IBM pharmacists encouraged practitioners to consider changing targeted recipients' therapy to a more appropriate drug therapy and discussed various alternatives with practitioners. TAI interventions involved large group meetings with targeted practitioners about drug therapy problems. A TAI pharmacist also conducted face-to-face office visits to educate targeted practitioners on specified drug therapy interventions.

ATTACHMENT 3.1 INDIANA RETRODUR PROCEDURES

ACS State Healthcare assigned a Clinical Account Pharmacist to manage the state of Indiana's DUR programs and to interact with the DUR Board. ACS clinical pharmacists trained and experienced in DUR conducted the RetroDUR operations described as follows.

The RetroDUR Program involved both computerized and clinical pharmacist review of medication claims history. An initial computer-based screening of each individual patient claims history is performed using clinically-based criteria. The purpose of the computer-based screening is to identify ***potential*** drug therapy problems.

ACS' Clinical Account Pharmacist presented the criteria and screening to the DUR Board. The presentation included incidence and prevalence of the drug therapy problem. The DUR Board reviewed the drug therapy problem criteria and educational materials. If the RetroDUR intervention was approved, ACS clinical pharmacists conducted the intervention.

Practitioner responses were requested on the drug therapy intervention and documented in a proprietary case management database. The responses were used to receive feedback to assess the success of initiatives performed.

Although ACS collected prescribers' responses, evaluation of the impact of letter interventions were measured by actual prescriber behavior. In other words, ACS measured prescribers' actions resulting from the letters by measuring claims data. Evaluations of claims were performed 3 to 6 months post-intervention to determine the effectiveness of the educational interventions through changes in numbers of prescriptions and costs.

ATTACHMENT 3.2 RETRODUR INTERVENTIONS BY PROBLEM CATEGORY

Year-End Summary RetroDUR Interventions by Problem Category# Recipients Intervened By Problem CategoryCAOUGATATDTOTALS

Standard RetroDUR	Letter Mailing	2,152	349	--	187	--	2,688
TAI	Academic Detailing	753	1,598	2,696	6,490	253	11,790
IBM	Phone Calls	753	1,369	758	1,128	399	3,727
TOTALS		**3,658**	**3,316**	**3,454**	**7,805**	**652**	**18,205**

Problem Category Key	
Cost Appropriateness	CA
Over-Utilization	OU
Generic Appropriateness	GA
Therapeutic Appropriateness (e.g.Dose Optimization; Step Edit Education)	TA
Therapeutic Duplication	TD

Indiana IBM Interventions

Program	Month	IBM Intervention	# of Targets	# of Prescribers
IBM	October-03	CHATE OVERUTILIZATION W/SMR	269	216
IBM	November-03	No Intervention Approved	None	None
IBM	December-03	SORITD	399	309
IBM	January-04	ALLEGRA STEP EDIT	862	161
IBM	February-04	BRAND WITH GENERIC AVAILABLE	758	73
IBM	March-04	DOSE OPATYPICALS AND PAXIL CR	276	170
IBM	April-04	EXCESSIVE DURATION-SEDATIVE/HYPNOTICS	519	144
IBM	May-04	EXCESSIVE DURATION-SEDATIVE/HYPNOTICS	496	167
IBM	June-04	NASA_CORTICOSTERCID SWITCH	753	243
IBM	July 04	No Intervention Approved	None	None
IBM	August-04	No Intervention Approved	None	None
IBM	September-04	POLY-PRESCRIBERS OF NARCOTICS	90	304
Total			**4,407**	**1,868**

Indiana TAI Interventions

Program	Month	TAI Intervention	# of Targets	# of Prescribers
TAI	October-03	TD SMOOTH MUSCLE RELAXERS	177	54
TAI	November-03	TD SMOOTH MUSCLE RELAXERS	176	34
TAI	December-03	ALLEGRA STEP EDIT	1167	41
TAI	January-04	ALLEGRA STEP EDIT	2022	57
TAI	February-04	BRAND WITH GENERIC AVAILABLE RPH VISIT	660	217
TAI	February-04	BRAND WITH GENERIC AVAILABLE-MD VISIT	2036	9
TAI	March-04	DOSE OPATYPICALS AND PAXIL CR	2103	37
TAI	April-04	EXCESSIVE DURATION SEDATIVE/HYPNOTICS	1042	51
TAI	May-04	EXCESSIVE DURATION-SEDATIVE/HYPNOTICS	556	31
TAI	June-04	NASA_CORTICOSTERCID SWITCH	753	53
TAI	July 04	No Intervention Approved	0	0
TAI	August-04	No Intervention Approved	0	0
TAI	September-04	DOSE OPTIMIZATION OF VIOXX	1160	53
Total			**11,892**	**648**

Indiana RetroDUR Interventions

Program	Month	RetroDUR Intervention	# of Targets	# of Prescribers
RetroDUR	October-03	No Intervention Approved	0	0
RetroDUR	November-03	No Intervention Approved	0	0
RetroDUR	December-03	DOSE OPTIPOTROPES	187	187
RetroDUR	January-04	No Intervention Approved	0	0
RetroDUR	February-04	No Intervention Approved	0	0
RetroDUR	March-04	No Intervention Approved	0	0
RetroDUR	April-04	EXCESSIVE DURATION-SEDATIVE/HYPNOTICS	349	310
RetroDUR	May-04	No Intervention Approved	0	0
RetroDUR	June-04	NASA_CORTICOSTERCID SWITCH	2,152	669
RetroDUR	July-04	No Intervention Approved	0	0
RetroDUR	August-04	No Intervention Approved	0	0
RetroDUR	September-04	No Intervention Approved	0	0
Total			**2,688**	**1,196**

ATTACHMENT 3.3 RETRODUR ACTIVITY BY MONTH

ATTACHMENT 3.4 RETRODUR EXCEPTIONS (PATIENTS SCREENED) & INTERVENTIONS BY THERAPEUTIC CLASS

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD
A1A	DIGITALIS GLYCOSIDES	81,342	12,079	Feb-04	IBM	1,715	758				X		
A1A	DIGITALIS GLYCOSIDES	81,342	12,079	Feb-04	TA	11,066	2696	2,696			X		
A1B	XANTHINES	22,066	3,376	Feb-04	IBM	3,376	758				X		
A1B	XANTHINES	22,066	3,376	Feb-04	TA	3,376	2696	2,696			X		
A1C	INOTROPIC DRUGS	52	6										
A1D	GENERAL BRONCHODILATOR AGENTS	28,993	8,013	Feb-04	IBM	1,715	758				X		
A1D	GENERAL BRONCHODILATOR AGENTS	28,993	8,013	Feb-04	TA	8,013	2696	2,696			X		
A2A	ANTIARRHYTHMICS	18,165	3,006	Feb-04	IBM	1,715	758				X		
A2A	ANTIARRHYTHMICS	18,165	3,006	Feb-04	TA	3,006	2696	2,696			X		
A4A	HYPOTENSIVES,VASODILATORS	10,394	1,900	Feb-04	IBM	1,715	758				X		
A4A	HYPOTENSIVES,VASODILATORS	10,394	1,900	Feb-04	TA	1,900	1900	1,900			X		
A4B	HYPOTENSIVES,SYMPATHOLYTIC	69,256	11,848	Feb-04	IBM	1,715	758				X		
A4B	HYPOTENSIVES,SYMPATHOLYTIC	69,256	11,848	Feb-04	TA	11,066	2696	2,696			X		
A4C	HYPOTENSIVES,GANGLIONIC BLOCKERS	57	5										
A4D	HYPOTENSIVES, ACEINHIBITORS	299,114	44,541	Feb-04	IBM	1,715	758				X		
A4D	HYPOTENSIVES, ACEINHIBITORS	299,114	44,541	Feb-04	TA	11,066	2696	2,696			X		
A4F	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	66,192	10,814	Feb-04	IBM	1,715	758				X		
A4F	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	66,192	10,814	Feb-04	TA	10,814	2696	2,696			X		
A4K	ACEINHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	20,285	3,318	Feb-04	IBM	3,318	3318				X		
A4K	ACEINHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	20,285	3,318	Feb-04	TA	3,318	2696	2,696			X		
A4Y	HYPOTENSIVES,MISCELLANEOUS	11,612	1,732	Feb-04	IBM	1,715	758				X		
A4Y	HYPOTENSIVES,MISCELLANEOUS	11,612	1,732	Feb-04	TA	1,732	1732	1,732			X		
A7B	VASODILATORS,CORONARY	123,872	20,817	Feb-04	IBM	1,715	758				X		
A7B	VASODILATORS,CORONARY	123,872	20,817	Feb-04	TA	11,066	2696	2,696			X		
A7C	VASODILATORS,PERIPHERAL	524	82										
A7H	VASOACTIVE/NATRIURETIC PEPTIDES	10	1										
A9A	CALCIUM CHANNEL BLOCKING AGENTS	221,771	32,554	Feb-04	IBM	1,715	758	1			X		
A9A	CALCIUM CHANNEL BLOCKING AGENTS	221,771	32,554	Feb-04	TA	11,066	2696	2,696			X		
B0A	GENERAL INHALATION AGENTS	6,336	4,471	Feb-04	IBM	1,715	758				X		
B0A	GENERAL INHALATION AGENTS	6,336	4,471	Feb-04	TA	4,471	2696	2,696			X		
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	219	40										
B1C	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN TYPE	51	7										
B3A	MUCOLYTICS	2,155	707	Feb-04	IBM	707	707					X	
B3A	MUCOLYTICS	2,155	707	Feb-04	TA	707	707	707				X	
B3J	EXPECTORANTS	127,511	62,928	Feb-04	IBM	1,715	758				X		
B3J	EXPECTORANTS	127,511	62,928	Feb-04	TA	11,066	2696	2,696			X		
B3K	COUGH AND/OR COLD PREPARATIONS	140,463	80,658	Feb-04	IBM	1,715	758				X		
B3K	COUGH AND/OR COLD PREPARATIONS	140,463	80,658	Feb-04	TA	11,066	2696	2,696			X		
B3R	NON-NARC ANTITUSS-1ST GEN, ANTIHISTAMINE-DECONGEST	626	595										
B3S	NON-NARC ANTITUS-1ST GEN ANTIHST-DECONGEST-EXPECT	3	3	Feb-04	TA	3	3	3				X	
B3T	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	1,050	746										
C0B	WATER	5,130	1,559										
C0D	ANTI-ALCOHOLIC PREPARATIONS	781	210	Feb-04	IBM	210	210				X		
C0D	ANTI-ALCOHOLIC PREPARATIONS	781	210	Feb-04	TA	210	210	210			X		
C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	2,882	489										
C1A	ELECTROLYTE DEPLETERS	17,340	3,350	Feb-04	IBM	1,715	758				X		
C1A	ELECTROLYTE DEPLETERS	17,340	3,350	Feb-04	TA	3,350	2696	2,696			X		
C1B	SODIUM/SALINE PREPARATIONS	21,550	4,118	Feb-04	IBM	1,715	758				X		
C1B	SODIUM/SALINE PREPARATIONS	21,550	4,118	Feb-04	TA	11,066	2696	2,696			X		
C1D	POTASSIUM REPLACEMENT	190,601	30,849	Feb-04	IBM	1,715	758				X		
C1D	POTASSIUM REPLACEMENT	190,601	30,849	Feb-04	TA	11,066	2696	2,696			X		
C1F	CALCIUM REPLACEMENT	135,585	18,633	Feb-04	IBM	1,715	758				X		
C1F	CALCIUM REPLACEMENT	135,585	18,633	Feb-04	TA	11,066	2696	2,696			X		
C1H	MAGNESIUM SALTS REPLACEMENT	5,708	945										
C1P	PHOSPHATE REPLACEMENT	1,207	218										
C1W	ELECTROLYTE MAINTENANCE	2,364	1,472										
C3B	IRON REPLACEMENT	89,690	22,872	Feb-04	IBM	1,715	758				X		
C3B	IRON REPLACEMENT	89,690	22,872	Feb-04	TA	11,066	2696	2,696			X		
C3C	ZINC REPLACEMENT	14,411	3,619	Feb-04	IBM	1,715	758				X		
C3C	ZINC REPLACEMENT	14,411	3,619	Feb-04	TA	11,066	2696	2,696			X		
C3H	IODINE CONTAINING AGENTS	311	163										
C3M	MINERAL REPLACEMENT,MISCELLANEOUS	1,326	95										
C4G	INSULINS	178,236	20,192										
C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	127,121	17,884	Feb-04	IBM	1,715	758	1			X		
C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	127,121	17,884	Feb-04	TA	11,066	2696	2,696			X		
C4L	HYPOGLYCEMICS, BIGUANIDE TYPE(NON-SULFONYLUREAS)	87,038	14,370	Feb-04	IBM	1,715	758				X		
C4L	HYPOGLYCEMICS, BIGUANIDE TYPE(NON-SULFONYLUREAS)	87,038	14,370	Feb-04	TA	11,066	2696	2,696			X		
C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE(N-S)	2,020	346	Feb-04	IBM	346	346				X		
C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE(N-S)	2,020	346	Feb-04	TA	346	346	346			X		
C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER(N-S)	71,048	10,335	Feb-04	IBM	1,715	758				X		
C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER(N-S)	71,048	10,335	Feb-04	TA	10,335	2696	2,696			X		
C5B	PROTEIN REPLACEMENT	1,595	127										

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

C5F	DIETARY SUPPLEMENT, MISCELLANEOUS	1	1										
C5J	IV SOLUTIONS: DEXTROSE/WATER	4,999	914										
C5K	IV SOLUTIONS: DEXTROSE/SALINE	2,395	930	Feb-04	IBM	930	758					X	
C5K	IV SOLUTIONS: DEXTROSE/SALINE	2,395	930	Feb-04	TAI	930	930	930				X	
C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	178	61										
C5O	DILUENT SOLUTIONS	3	2										
C6A	VITAMIN A PREPARATIONS	6	2										
C6B	VITAMIN B PREPARATIONS	22,713	3,667										
C6C	VITAMIN C PREPARATIONS	36,543	6,624										
C6D	VITAMIN D PREPARATIONS	4,354	916										
C6E	VITAMIN E PREPARATIONS	31,469	4,326										
C6F	PRENATAL VITAMIN PREPARATIONS	40,860	18,540	Feb-04	IBM	1,715	758				X		
C6F	PRENATAL VITAMIN PREPARATIONS	40,860	18,540	Feb-04	TAI	11,066	2,696	2,696			X		
C6G	GERIATRIC VITAMIN PREPARATIONS	2,094	473	Feb-04	IBM	473	473				X		
C6G	GERIATRIC VITAMIN PREPARATIONS	2,094	473	Feb-04	TAI	473	473	473			X		
C6H	PEDIATRIC VITAMIN PREPARATIONS	11,640	4,231	Feb-04	IBM	1,715	758				X		
C6H	PEDIATRIC VITAMIN PREPARATIONS	11,640	4,231	Feb-04	TAI	4,231	2,696	2,696			X		
C6K	VITAMIN K PREPARATIONS	1,346	671										
C6L	VITAMIN B12 PREPARATIONS	14,034	2,853										
C6M	FOLIC ACID PREPARATIONS	38,519	6,596	Feb-04	IBM	1,715	758				X		
C6M	FOLIC ACID PREPARATIONS	38,519	6,596	Feb-04	TAI	6,596	2,696	2,696			X		
C6N	NIACIN PREPARATIONS	1,550	327	Feb-04	IBM	327	327					X	
C6N	NIACIN PREPARATIONS	1,550	327	Feb-04	TAI	327	327	327				X	
C6Q	VITAMIN B6 PREPARATIONS	4,845	940										
C6R	VITAMIN B2 PREPARATIONS	106	35										
C6T	VITAMIN B1 PREPARATIONS	7,279	1,304										
C6Z	MULTIVITAMIN PREPARATIONS	229,596	31,082	Feb-04	IBM	1,715	758					X	
C6Z	MULTIVITAMIN PREPARATIONS	229,596	31,082	Feb-04	TAI	11,066	2,696	2,696				X	
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	24,214	3,730	Feb-04	IBM	1,715	758				X		
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	24,214	3,730	Feb-04	TAI	3,730	2,696	2,696			X		
C7B	DECARBOXYLASE INHIBITORS	72	13										
C7D	METABOLIC DEFICIENCY AGENTS	2,681	298										
C8A	METALLIC POISON AGENTS TO TREAT	643	60										
D1A	PERIODONTAL COLLAGENASE INHIBITORS	602	191										
D1D	DENTAL AIDS AND PREPARATIONS	13,520	5,942	Feb-04	IBM	1,715	758				X		
D1D	DENTAL AIDS AND PREPARATIONS	13,520	5,942	Feb-04	TAI	5,942	2,696	2,696			X		
D2A	FLUORIDE PREPARATIONS	5,433	3,151	Feb-04	IBM	1,715	758				X		
D2A	FLUORIDE PREPARATIONS	5,433	3,151	Feb-04	TAI	3,151	2,696	2,696			X		
D4B	ANTACIDS	35,969	9,833	Feb-04	IBM	1,715	758				X		
D4B	ANTACIDS	35,969	9,833	Feb-04	TAI	9,833	2,696	2,696			X		
D4E	ANTI-ULCER PREPARATIONS	8,543	2,298	Feb-04	IBM	1,715	758				X		
D4E	ANTI-ULCER PREPARATIONS	8,543	2,298	Feb-04	TAI	2,298	2,696	2,696			X		
D4F	ANTI-ULCER-H.PYLORI AGENTS	464	426										
D4G	GASTRIC ENZYMES	2,257	308										
D4H	ORAL MUCOSITIS/STOMATITIS AGENTS	30	24										
D4I	ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT	35	34										
D4K	GASTRIC ACID SECRETION REDUCERS	462,426	75,705	Feb-04	IBM	1,715	758				X		
D4K	GASTRIC ACID SECRETION REDUCERS	462,426	75,705	Feb-04	TAI	11,066	2,696	2,696			X		
D4N	ANTIFLATULENTS	3,740	984	Feb-04	IBM	984	758				X		
D4N	ANTIFLATULENTS	3,740	984	Feb-04	TAI	984	984	984			X		
D5P	INTESTINAL ADSORBENTS AND PROTECTIVES	61	51										
D6A	DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON	62	11										
D6C	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	104	35										
D6D	ANTIDIARRHEALS	30,912	14,330	Feb-04	IBM	1,715	758				X		
D6D	ANTIDIARRHEALS	30,912	14,330	Feb-04	TAI	11,066	2,696	2,696			X		
D6E	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	10,309	2,801	Feb-04	IBM	1,715	758				X		
D6E	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	10,309	2,801	Feb-04	TAI	2,801	2,801	2,801			X		
D6F	DRUG TX-CHRONIC INFLAM.COLON DX,5-AMINOSALICYLAT	4,886	975	Feb-04	IBM	975	758				X		
D6F	DRUG TX-CHRONIC INFLAM.COLON DX,5-AMINOSALICYLAT	4,886	975	Feb-04	TAI	975	975	975			X		
D6S	LAXATIVES AND CATHARTICS	315,639	52,047	Feb-04	IBM	1,715	758					X	
D6S	LAXATIVES AND CATHARTICS	315,639	52,047	Feb-04	TAI	11,066	2,696	2,696				X	
D7A	BILE SALTS	1,609	331	Feb-04	IBM	331	331				X		
D7A	BILE SALTS	1,609	331	Feb-04	TAI	331	331	331			X		
D7B	CHOLERETICS	1	1										
D7D	DRUGS TO TREAT HEREDITARY TYROSINEMIA	14	1										
D7L	BILE SALT SEQUESTRANTS	4,694	1,491	Feb-04	IBM	1,491	758				X		
D7L	BILE SALT SEQUESTRANTS	4,694	1,491	Feb-04	TAI	1,491	1,491	1,491			X		
D8A	PANCREATIC ENZYMES	5,777	1,142	Feb-04	IBM	1,142	758				X		
D8A	PANCREATIC ENZYMES	5,777	1,142	Feb-04	TAI	1,142	1,142	1,142			X		
D9A	AMMONIA INHIBITORS	4,851	1,472	Feb-04	IBM	1,472	758				X		
D9A	AMMONIA INHIBITORS	4,851	1,472	Feb-04	TAI	1,472	1,472	1,472			X		
F1A	ANDROGENIC AGENTS	3,378	814	Feb-04	IBM	814	758				X		
F1A	ANDROGENIC AGENTS	3,378	814	Feb-04	TAI	814	814	814			X		
F2A	DRUGS TO TREAT IMPOTENCY	21	9										
G1A	ESTROGENIC AGENTS	72,145	11,561	Feb-04	IBM	1,715	758				X		

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G1A	ESTROGENIC AGENTS	72,145	11,561	Feb-04	TAI	11,066	2,696	2,696			X		
G1B	ESTROGEN/ANDROGEN COMBINATIONS	899	256										
G2A	PROGESTATIONAL AGENTS	9,188	3,057	Feb-04	IBM	1,715	758				X		
G2A	PROGESTATIONAL AGENTS	9,188	3,057	Feb-04	TAI	3,057	2,696	2,696			X		
G3A	OXYTOCICS	410	397										
G8A	CONTRACEPTIVES,ORAL	65,639	16,128	Feb-04	IBM	1,715	758	29			X		
G8A	CONTRACEPTIVES,ORAL	65,639	16,128	Feb-04	TAI	11,066	2,696	2,696			X		
G8C	CONTRACEPTIVES,INJECTABLE	10,102	4,706	Feb-04	IBM	1,715	758				X		
G8C	CONTRACEPTIVES,INJECTABLE	10,102	4,706	Feb-04	TAI	4,706	2,696	2,696			X		
G8F	CONTRACEPTIVES,TRANSDERMAL	19,417	5,834	Feb-04	IBM	1,715	758				X		
G8F	CONTRACEPTIVES,TRANSDERMAL	19,417	5,834	Feb-04	TAI	5,834	2,696	2,696			X		
G9A	CONTRACEPTIVES,INTRAVAGINAL	8	5										
G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	1,418	485										
H0A	LOCAL ANESTHETICS	8,667	5,578										
H0A	LOCAL ANESTHETICS	8,667	5,578										
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	5,504	749	Feb-04	IBM	749	749				X		
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	5,504	749	Feb-04	TAI	749	749	749			X		
H1A	ALZHEIMERS THERAPY, NMDA RECEPTOR ANTAGONISTS	9,563	2,321										
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	578	97	Feb-04	IBM	97	97				X		
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	578	97	Feb-04	TAI	97	97	97			X		
H2C	GENERAL ANESTHETICS,INJECTABLE	118	77										
H2D	BARBITURATES	28,335	2,949	Feb-04	IBM	1,715	758				X		
H2D	BARBITURATES	28,335	2,949	Apr-04	IBM	531	519			X			
H2D	BARBITURATES	28,335	2,949	May-04	IBM	510	496			X			
H2D	BELLADONNA ALKALOIDS	13,984	4,809	Feb-04	IBM	1,715	758				X		
H2D	BARBITURATES	28,335	2,949	Apr-04	RetroDUR	955	349	349		X			
H2D	BARBITURATES	28,335	2,949	Feb-04	TAI	2,949	2,696	2,696			X		
H2D	BARBITURATES	28,335	2,949	Apr-04	TAI	1,946	1,042	1,042		X			
H2D	BARBITURATES	28,335	2,949	May-04	TAI	1,023	566	566		X			
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	Apr-04	IBM	531	519	519		X			
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	Feb-04	IBM	1,715	758	2			X		
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	May-04	IBM	510	496	503		X			
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	Apr-04	RetroDUR	955	349	349		X			
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	Feb-04	TAI	11,066	2,696	2,696			X		
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	Apr-04	TAI	1,946	1,042	1,042		X			
H2E	SEDATIVE HYPNOTICS,NON-BARBITURATE	105,485	24,062	May-04	TAI	1,023	566	566		X			
H2F	ANTI-ANXIETY DRUGS	348,890	55,354	Feb-04	IBM	1,715	758	3			X		
H2F	ANTI-ANXIETY DRUGS	348,890	55,354	Feb-04	TAI	11,066	2,696	2,696			X		
H2G	ANTI-PSYCHOTICS,PHENOTHIAZINES	25,070	3,319	Feb-04	IBM	1,715	758				X		
H2G	ANTI-PSYCHOTICS,PHENOTHIAZINES	25,070	3,319	Feb-04	TAI	3,319	2,696	2,696			X		
H2J	ANTIDEPRESSANTS O.U.	6	5										
H2L	ANTI-PSYCHOTICS,NON-PHENOTHIAZINES	1	1										
H2M	ANTIMANIA DRUGS	26,851	3,794	Feb-04	IBM	1,715	758	2			X		
H2M	ANTIMANIA DRUGS	26,851	3,794	Feb-04	TAI	3,794	2,696	2,696			X		
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	496,309	82,523	Feb-04	IBM	1,715	758	1			X		
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	496,309	82,523	Mar-04	IBM	352	276	21				X	
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	496,309	82,523	Dec-03	IBM	608	399						X
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	496,309	82,523	Feb-04	TAI	11,066	2,696	2,696			X		
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	496,309	82,523	Mar-04	TAI	5,132	2,153	2,153				X	
H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL RU-INHB	90,842	17,837	Feb-04	IBM	1,715	758				X		
H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL RU-INHB	90,842	17,837	Feb-04	TAI	11,066	2,696	2,696			X		
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	104,631	17,354	Feb-04	IBM	1,715	758				X		
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	104,631	17,354	Feb-04	TAI	11,066	2,696	2,696			X		
H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	1,824	299										
H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	657	121										
H3A	ANALGESICS,NARCOTICS	863,022	152,695	Oct-03	IBM	374	216	311		X			
H3A	ANALGESICS,NARCOTICS	863,022	152,695	Feb-04	IBM	1,715	758				X		
H3A	ANALGESICS,NARCOTICS	863,022	152,695	Sep-04	IBM	170	95	95		X			
H3A	ANALGESICS,NARCOTICS	863,022	152,695	Feb-04	TAI	11,066	2,696	2,696			X		
H3C	ANALGESICS,NON-NARCOTICS	1	1										
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	167,042	26,160	Feb-04	IBM	1,715	758	1			X		
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	167,042	26,160	Feb-04	TAI	11,066	2,696	2,696			X		
H3E	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	171,821	48,927	Feb-04	IBM	1,715	758				X		
H3E	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	171,821	48,927	Feb-04	TAI	11,066	2,696	2,696			X		
H3F	ANTIMIGRAINE PREPARATIONS	19,330	6,954	Feb-04	IBM	1,715	758				X		
H3F	ANTIMIGRAINE PREPARATIONS	19,330	6,954	Feb-04	TAI	6,954	2,696	2,696			X		
H3H	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	10	8										
H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	5,789	2,318										
H3T	NARCOTIC ANTAGONISTS	1,831	289	Feb-04	IBM	289	289					X	
H3T	NARCOTIC ANTAGONISTS	1,831	289	Feb-04	TAI	289	289	289				X	
H4B	ANTICONVULSANTS	614,802	64,996	Feb-04	IBM	1,715	758	6			X		
H4B	ANTICONVULSANTS	614,802	64,996	Feb-04	TAI	11,066	2,696	2,696			X		
H5A	ANTIPARKINSONISM DRUGS,OTHER	49,914	8,505	Feb-04	IBM	1,715	758				X		
H5A	ANTIPARKINSONISM DRUGS,OTHER	49,914	8,505	Feb-04	TAI	8,505	2,696	2,696			X		
H5B	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	48,936	6,474	Feb-04	IBM	1,715	758				X		

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ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD

H8B	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	48,936	6,474	Feb-04	TAI	6,474	2,696	2,696			X		
H8C	ANTITUSSIVES,NON-NARCOTIC	12,442	7,210	Feb-04	IBM	1,715	758				X		
H8C	ANTITUSSIVES,NON-NARCOTIC	12,442	7,210	Feb-04	TAI	7,210	2,696	2,696			X		
H8E	EMETICS	4	4										
H8H	SKELETAL MUSCLE RELAXANTS	146,119	35,503	Oct-03	IBM	374	216	944		X			
H8H	SKELETAL MUSCLE RELAXANTS	146,119	35,503	Feb-04	IBM	1,715	758				X		
H8H	SKELETAL MUSCLE RELAXANTS	146,119	35,503	Oct-03	TAI	843	177	177					X
H8H	SKELETAL MUSCLE RELAXANTS	146,119	35,503	Nov-03	TAI	835	176	176					X
H8H	SKELETAL MUSCLE RELAXANTS	146,119	35,503	Feb-04	TAI	11,066	2,696	2,696			X		
H8I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	173	22										
H8J	ANTIEMETIC/ANTIVERTIGO AGENTS	55,505	25,323	Feb-04	IBM	1,715	758	1			X		
H8J	ANTIEMETIC/ANTIVERTIGO AGENTS	55,505	25,323	Feb-04	TAI	11,066	2,696	2,696			X		
H7B	ALPHA2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	78,380	13,693	Feb-04	IBM	1,715	758				X		
H7B	ALPHA2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	78,380	13,693	Feb-04	TAI	11,066	2,696	2,696			X		
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIB (SNRIS)	75,400	12,891	Dec-03	IBM	608	399	400					X
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIB (SNRIS)	75,400	12,891	Feb-04	IBM	1,715	758				X		
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIB (SNRIS)	75,400	12,891	Feb-04	TAI	11,066	2,696	2,696			X		
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	71,146	16,063	Feb-04	IBM	1,715	758					X	
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	71,146	16,063	Feb-04	TAI	11,066	2,696	2,696				X	
H7E	SEROTONIN 2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	86,209	17,152	Feb-04	IBM	1,715	758				X		
H7E	SEROTONIN 2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	86,209	17,152	Feb-04	TAI	11,066	2,696	2,696			X		
H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	157	28										
H7N	SMOKING DETERRENTS, OTHER	580	395										
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	20,142	3,529	Feb-04	IBM	1,715	758				X		
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	20,142	3,529	Feb-04	TAI	3,529	2,696	2,696			X		
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	3,977	510	Feb-04	IBM	510	510				X		
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	3,977	510	Feb-04	TAI	510	510	510			X		
H7R	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	320	54										
H7S	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	523	65										
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE & SEROTONIN ANTAG	466,044	51,168	Feb-04	IBM	1,715	758	4			X		
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE & SEROTONIN ANTAG	466,044	51,168	Mar-04	IBM	352	276	193				X	
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE & SEROTONIN ANTAG	466,044	51,168	Feb-04	TAI	11,066	2,696	2,696			X		
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE & SEROTONIN ANTAG	466,044	51,168	Mar-04	TAI	5,132	2,153	2,153				X	
H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	2,427	283	Feb-04	IBM	283	283				X		
H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	2,427	283	Feb-04	TAI	283	283	283			X		
H7W	ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE TYPE AGT	99	21										
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	38,537	6,946	Feb-04	IBM	1,715	758				X		
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	38,537	6,946	Mar-04	IBM	352	276	157				X	
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	38,537	6,946	Feb-04	TAI	6,946	2,696	2,696			X		
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	38,537	6,946	Mar-04	TAI	5,132	2,153	2,153				X	
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NR-I TYPE	56,509	11,345	Feb-04	IBM	1,715	758				X		
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NR-I TYPE	56,509	11,345	Feb-04	TAI	11,066	2,696	2,696			X		
H7Z	SSRI & ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	1,614	662										
J1A	PARASYMPATHETIC AGENTS	3,062	627	Feb-04	IBM	627	627				X		
J1A	PARASYMPATHETIC AGENTS	3,062	627	Feb-04	TAI	627	627	627			X		
J1B	CHOLINESTERASE INHIBITORS	85,663	11,485	Feb-04	IBM	1,715	758				X		
J1B	CHOLINESTERASE INHIBITORS	85,663	11,485	Feb-04	TAI	11,066	2,696	2,696			X		
J2A	BELLADONNA ALKALOIDS	13,994	4,809	Feb-04	TAI	4,809	2,696	2,696			X		
J2B	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,772	707	Feb-04	IBM	707	707				X		
J2B	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,772	707	Feb-04	TAI	707	707	707			X		
J2D	ANTICHOLINERGICS/ANTISPASMODICS	14,728	5,342	Feb-04	IBM	1,715	758				X		
J2D	ANTICHOLINERGICS/ANTISPASMODICS	14,728	5,342	Feb-04	TAI	5,342	2,696	2,696			X		
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	9,850	5,422	Feb-04	IBM	1,715	758				X		
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	9,850	5,422	Feb-04	TAI	11,066	2,696	2,696			X		
J5A	ADRENERGIC AGENTS,CATECHOLAMINES	92	84										
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	79,369	13,195	Feb-04	IBM	1,715	758	1			X		
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	79,369	13,195	Feb-04	TAI	11,066	2,696	2,696			X		
J5D	BETA ADRENERGIC AGENTS	285,087	87,724	Feb-04	IBM	1,715	758	1			X		
J5D	BETA ADRENERGIC AGENTS	285,087	87,724	Feb-04	TAI	11,066	2,696	2,696			X		
J5E	SYMPATHOMIMETIC AGENTS	9,204	4,988	Feb-04	IBM	1,715	758				X		
J5E	SYMPATHOMIMETIC AGENTS	9,204	4,988	Feb-04	TAI	11,066	2,696	2,696			X		
J5F	ANAPHYLAXIS THERAPY AGENTS	2,951	2,308										
J5G	BETA ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	50,300	14,853	Feb-04	IBM	1,715	758				X		
J5G	BETA ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	50,300	14,853	Feb-04	TAI	11,066	2,696	2,696			X		
J5H	ADRENERGIC VASOPRESSOR AGENTS	1,753	341	Feb-04	IBM	341	341				X		
J5H	ADRENERGIC VASOPRESSOR AGENTS	1,753	341	Feb-04	TAI	341	341	341			X		
J7A	ALPHA/BETA ADRENERGIC BLOCKING AGENTS	25,336	4,568	Feb-04	IBM	1,715	758				X		
J7A	ALPHA/BETA ADRENERGIC BLOCKING AGENTS	25,336	4,568	Feb-04	TAI	4,568	2,696	2,696			X		
J7B	ALPHA ADRENERGIC BLOCKING AGENTS	22,789	3,318	Feb-04	IBM	1,715	758				X		
J7B	ALPHA ADRENERGIC BLOCKING AGENTS	22,789	3,318	Feb-04	TAI	3,318	2,696	2,696			X		
J7C	BETA ADRENERGIC BLOCKING AGENTS	251,248	38,546	Feb-04	IBM	1,715	758				X		
J7C	BETA ADRENERGIC BLOCKING AGENTS	251,248	38,546	Feb-04	TAI	11,066	2,696	2,696			X		
J7E	ALPHA ADRENERGIC BLOCKING AGENT/THIAZIDE COMB	1	1										
J8A	ANOREXIC AGENTS	1	1										
J9A	INTESTINAL MOTILITY STIMULANTS	50,554	12,622	Feb-04	IBM	1,715	758				X		

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

J9A	INTESTINAL MOTILITY STIMULANTS	50,554	12,622	Feb-04	TAI	11,066	2,696	2,696			X		
J9B	ANTISPASMODIC AGENTS	62	15										
L0B	TOPICAL/MUCOUS MBMBR/SUBCUT. ENZYMES	49,808	11,202	Feb-04	IBM	1,715	758				X		
L0B	TOPICAL/MUCOUS MBMBR/SUBCUT. ENZYMES	49,808	11,202	Feb-04	TAI	11,066	2,696	2,696			X		
L0C	DIABETIC ULCER PREPARATIONS,TOPICAL	1,181	409	Feb-04	IBM	409	409				X		
L0C	DIABETIC ULCER PREPARATIONS,TOPICAL	1,181	409	Feb-04	TAI	409	409	409			X		
L1A	ANTIPSORIATIC AGENTS,SYSTEMIC	271	71										
L1B	ACNE AGENTS,SYSTEMIC	479	150	Feb-04	IBM	150	150				X		
L1B	ACNE AGENTS,SYSTEMIC	479	150	Feb-04	IBM	150	150				X		
L2A	EMOLLIENTS	18,415	9,113	Feb-04	IBM	1,715	758				X		
L2A	EMOLLIENTS	18,415	9,113	Feb-04	TAI	9,113	2,696	2,696			X		
L3A	PROTECTIVES	6,874	2,640	Feb-04	IBM	1,715	758				X		
L3A	PROTECTIVES	6,874	2,640	Feb-04	TAI	2,640	2,640	2,640			X		
L3P	ANTIPRURITICS,TOPICAL	808	397	Feb-04	IBM	397	397				X		
L3P	ANTIPRURITICS,TOPICAL	808	397	Feb-04	TAI	397	397	397			X		
L4A	ASTRINGENTS	54	36										
L5A	KERATOLYTICS	4,965	2,529	Feb-04	IBM	1,715	758					X	
L5A	KERATOLYTICS	4,965	2,529	Feb-04	TAI	2,529	2,529	2,529				X	
L5E	ANTISEBORRHEIC AGENTS	8,017	3,621	Feb-04	IBM	1,715	758				X		
L5E	ANTISEBORRHEIC AGENTS	8,017	3,621	Feb-04	TAI	3,621	2,696	2,696			X		
L5F	ANTIPSORIATICS AGENTS	3,142	1,391										
L5G	ROSACEA AGENTS, TOPICAL	2,935	1,189	Feb-04	IBM	1,189	758				X		
L5G	ROSACEA AGENTS, TOPICAL	2,935	1,189	Feb-04	TAI	1,189	1,189	1,189			X		
L5H	ACNE AGENTS,TOPICAL	4,378	2,279	Feb-04	TAI	2,279	2,279	2,279			X		
L5H	ACNE AGENTS,TOPICAL	4,378	2,279	Feb-04	TAI	2,279	2,279	2,279			X		
L6A	IRRITANTS/COUNTER-IRRITANTS	2,337	916	Feb-04	IBM	1,715	758					X	
L6A	IRRITANTS/COUNTER-IRRITANTS	2,337	916	Feb-04	TAI	11,066	2,696	2,696				X	
L7A	SHAMPOOS/LOTION	83	32										
L8B	ANTIPERSPIRANTS	449	321										
L9A	TOPICAL AGENTS,MISCELLANEOUS	1,619	834	Feb-04	IBM	834	758				X		
L9A	TOPICAL AGENTS,MISCELLANEOUS	1,619	834	Feb-04	TAI	834	834	834			X		
L9B	VITAMIN A DERIVATIVES	3,357	2,060										
L9C	HYPOPIGMENTATION AGENTS	299	169										
M0B	PLASMA PROTEINS	53	5										
M0E	ANTIHEMOPHILIC FACTORS	810	88										
M0F	FACTOR IX PREPARATIONS	150	20										
M4B	IV FAT EMULSIONS	1,321	84										
M4E	LIPOTROPICS	316,711	42,616	Feb-04	IBM	1,715	758					X	
M4E	LIPOTROPICS	316,711	42,616	Dec-03	RetroDUR	8,557	187	187					X
M4E	LIPOTROPICS	316,711	42,616	Feb-04	TAI	11,066	2,696	2,696				X	
M4G	HYPERGLYCEMICS	4,638	1,936	Feb-04	IBM	1,715	758				X		
M4G	HYPERGLYCEMICS	4,638	1,936	Feb-04	TAI	1,936	1,936	1,936			X		
M4I	ANTIHYPERLIP(HMGCoA) & CALCIUM CHANNEL BLOCKER OMB	149	72										
M9A	TOPICAL HEMOSTATICS	38	18										
M9D	ANTIFIBRINOLYTIC AGENTS	110	73										
M9F	THROMBOLYTIC ENZYMES	136	70										
M9K	HEPARIN AND RELATED PREPARATIONS	18,144	4,732	Feb-04	IBM	1,715	758				X		
M9K	HEPARIN AND RELATED PREPARATIONS	18,144	4,732	Feb-04	TAI	4,732	2,696	2,696			X		
M9L	ORAL ANTICOAGULANTS,COUMARIN TYPE	109,066	11,797	Feb-04	IBM	1,715	758	1			X		
M9L	ORAL ANTICOAGULANTS,COUMARIN TYPE	109,066	11,797	Feb-04	TAI	11,066	2,696	2,696			X		
M9M	ORAL ANTICOAGULANTS,INDANDIONE TYPE	9	1										
M9P	PLATELET AGGREGATION INHIBITORS	102,183	15,254	Feb-04	IBM	1,715	758				X		
M9P	PLATELET AGGREGATION INHIBITORS	102,183	15,254	Feb-04	TAI	11,066	2,696	2,696			X		
M9S	HEMORRHEOLOGIC AGENTS	7,423	1,246	Feb-04	IBM	1,246	758				X		
M9S	HEMORRHEOLOGIC AGENTS	7,423	1,246	Feb-04	TAI	1,246	1,246	1,246			X		
N1B	HEMATINICS,OTHER	11,467	1,808	Feb-04	IBM	1,715	758				X		
N1B	HEMATINICS,OTHER	11,467	1,808	Feb-04	TAI	1,808	1,808	1,808			X		
N1C	LEUKOCYTE(WBC) STIMULANTS	703	177										
N1D	PLATELET REDUCING AGENTS	277	48										
N1E	PLATELET PROLIFERATION STIMULANTS	5	3										
P0B	FOLLICLE STIMULUTEINIZING HORMONES	12	7										
P0C	PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	1	1										
P1A	GROWTH HORMONES	1,897	259										
P1B	SOMATOSTATIC AGENTS	433	87										
P1E	ADRENOCORTICOTROPHIC HORMONES	34	19										
P1F	PITUITARY SUPPRESSIVE AGENTS	2,038	319										
P1G	ADRENAL STEROID INHIBITORS	3	1										
P1M	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	460	178										
P1P	LHRH(GNRH)AGNST PIT SUP-CENTRAL PRECOCIOUS PUBERTY	302	46										
P1U	METABOLIC FUNCTION DIAGNOSTICS	13	4										
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	13,521	2,750	Feb-04	IBM	1,715	758				X		
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	13,521	2,750	Feb-04	TAI	2,750	2,696	2,696			X		
P3A	THYROID HORMONES	206,637	25,712	Feb-04	IBM	1,715	758				X		
P3A	THYROID HORMONES	206,637	25,712	Feb-04	TAI	11,066	2,696	2,696			X		
P3B	THYROID FUNCTION DIAGNOSTIC AGENTS	4	4										

P3L	ANTITHYROID PREPARATIONS	2,868	554	Feb-04	IBM	554	554				X		
P3L	ANTITHYROID PREPARATIONS	2,868	554	Feb-04	TAI	554	554	554			X		
P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	786	154										
P4L	BONE RESORPTION INHIBITORS	106,896	15,196	Feb-04	IBM	1,715	758				X		
P4L	BONE RESORPTION INHIBITORS	106,896	15,196	Feb-04	TAI	11,066	2,696	2,696			X		
P4M	CALCIMIMETIC PARATHYROID CALCIUM ENHANCER	814	311										
P5A	GLUCOCORTICOIDS	170,820	67,903	Feb-04	IBM	1,715	758				X		
P5A	GLUCOCORTICOIDS	170,820	67,903	Feb-04	TAI	11,066	2,696	2,696			X		
P5S	MINERALOCORTICOIDS	3,750	662	Feb-04	IBM	662	662					X	
P5S	MINERALOCORTICOIDS	3,750	662	Feb-04	TAI	662	662	662				X	
P6A	PINEAL HORMONE AGENTS	2	1										
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR TYPE	1,681	472	Feb-04	IBM	472	472				X		
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR TYPE	1,681	472	Feb-04	TAI	472	472	472			X		
Q2U	EYE DIAGNOSTIC AGENTS	9	9										
Q3A	RECTAL PREPARATIONS	5,579	3,085	Feb-04	IBM	1,715	758				X		
Q3A	RECTAL PREPARATIONS	5,579	3,085	Feb-04	TAI	3,085	2,696	2,696			X		
Q3B	RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	101	56										
Q3D	HEMORRHOIDAL PREPARATIONS	1,566	874										
Q3E	CHRONIC INFLAM. COLON DX, 5-A SALICYLAT. RECTAL TX	352	140										
Q3H	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	491	301										
Q3S	LAXATIVES, LOCAL/RECTAL	25,752	9,342	Feb-04	IBM	1,715	758					X	
Q3S	LAXATIVES, LOCAL/RECTAL	25,752	9,342	Feb-04	TAI	9,342	2,696	2,696				X	
Q4A	VAGINAL PREPARATIONS	94	85										
Q4B	VAGINAL ANTISEPTICS	81	37										
Q4F	VAGINAL ANTIFUNGALS	5,744	4,636										
Q4K	VAGINAL ESTROGEN PREPARATIONS	3,731	1,912	Feb-04	IBM	1,715	758				X		
Q4K	VAGINAL ESTROGEN PREPARATIONS	3,731	1,912	Feb-04	TAI	1,912	1,912	1,912			X		
Q4S	VAGINAL SULFONAMIDES	79	64										
Q4W	VAGINAL ANTIBIOTICS	1,285	1,128										
Q5A	TOPICAL PREPARATIONS, MISCELLANEOUS	359	170										
Q5B	TOPICAL PREPARATIONS, ANTIBACTERIALS	1,576	832										
Q5F	TOPICAL ANTIFUNGALS	93,606	43,630	Feb-04	IBM	1,715	758				X		
Q5F	TOPICAL ANTIFUNGALS	93,606	43,630	Feb-04	TAI	11,066	2,696	2,696			X		
Q5H	TOPICAL LOCAL ANESTHETICS	15,718	5,072	Feb-04	IBM	1,715	758	1			X		
Q5H	TOPICAL LOCAL ANESTHETICS	15,718	5,072	Feb-04	TAI	11,066	2,696	2,696			X		
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	15,219	8,749	Feb-04	IBM	1,715	758				X		
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	15,219	8,749	Feb-04	TAI	11,066	2,696	2,696			X		
Q5N	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	311	211										
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	79,015	38,852	Feb-04	IBM	1,715	758				X		
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	79,015	38,852	Feb-04	TAI	11,066	2,696	2,696			X		
Q5R	TOPICAL ANTIPARASITICS	26,097	17,738										
Q5S	TOPICAL SULFONAMIDES	11,374	5,255	Feb-04	IBM	1,715	758				X		
Q5S	TOPICAL SULFONAMIDES	11,374	5,255	Feb-04	TAI	11,066	2,696	2,696			X		
Q5V	TOPICAL ANTIVIRALS	5,288	3,562	Feb-04	IBM	1,715	758				X		
Q5V	TOPICAL ANTIVIRALS	5,288	3,562	Feb-04	TAI	11,066	2,696	2,696			X		
Q5W	TOPICAL ANTIBIOTICS	68,797	33,273	Feb-04	IBM	1,715	758				X		
Q5W	TOPICAL ANTIBIOTICS	68,797	33,273	Feb-04	TAI	11,066	2,696	2,696			X		
Q5X	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY, STEROIDAL	207	133										
Q6A	OPHTHALMIC PREPARATIONS, MISCELLANEOUS	20	9										
Q6C	EYE VASOCONSTRICTORS (RX ONLY)	136	59										
Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	313	249	Feb-04	IBM	249	249				X		
Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	313	249	Feb-04	TAI	249	249	249			X		
Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	49,782	7,036	Feb-04	IBM	1,715	758					X	
Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	49,782	7,036	Feb-04	TAI	7,036	2,696	2,696				X	
Q6H	EYE LOCAL ANESTHETICS	16	13										
Q6I	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	3,180	2,295	Feb-04	IBM	1,715	758	3			X		
Q6J	MYDRIATICS	2,132	1,029	Feb-04	IBM	1,029	758					X	
Q6J	MYDRIATICS	2,132	1,029	Feb-04	TAI	1,029	1,029	1,029				X	
Q6P	EYE ANTIINFLAMMATORY AGENTS	9,964	4,559										
Q6R	EYE ANTIHISTAMINES	4,528	2,139	Feb-04	IBM	1,715	758				X		
Q6R	EYE ANTIHISTAMINES	4,528	2,139	Feb-04	TAI	2,139	2,139	2,139			X		
Q6S	EYE SULFONAMIDES	8,187	7,304	Feb-04	IBM	1,715	758				X		
Q6S	EYE SULFONAMIDES	8,187	7,304	Feb-04	TAI	7,304	2,696	2,696			X		
Q6T	ARTIFICIAL TEARS	29,706	7,989	Feb-04	IBM	1,715	758				X		
Q6T	ARTIFICIAL TEARS	29,706	7,989	Feb-04	TAI	7989	2696	2,696			X		
Q6U	OPHTHALMIC MAST CELL STABILIZERS	2,359	1,413										
Q6V	EYE ANTIVIRALS	181	121										
Q6W	OPHTHALMIC ANTIBIOTICS	36,051	26,947	Feb-04	IBM	1,715	758				X		
Q6W	OPHTHALMIC ANTIBIOTICS	36,051	26,947	Feb-04	TAI	11,066	2,696	2,696			X		
Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC)	4,439	1,049	Feb-04	IBM	1,049	758				X		
Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC)	4,439	1,049	Feb-04	TAI	1,049	1,049	1,049			X		
Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX)	1,917	753	Feb-04	IBM	753	753					X	
Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX)	1,917	753	Feb-04	TAI	753	753	753				X	
Q7C	NOSE PREPARATIONS, VASOCONSTRICTORS (RX)	16	13										
Q7D	NOSE PREPARATIONS, VASOCONSTRICTORS (OTC)	1	1										

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

\\F	ANTINEOPLASTICS,MISCELLANEOUS	3,220	568	Feb-04	TA	568	568	568			X		
\\I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	664	141										
\\J	ANTIANDROGENIC AGENTS	734	128										
\\K	ANTINEOPLASTICS,ANTIBODY/ANTIBODY-DRUG COMPLEXES	4	1										
\\N	SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)	16	2										
\\O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR	151	56										
\\Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	545	140										
\\T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	6,606	885	Feb-04	IBM	885	885				X		
\\T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	6,606	885	Feb-04	TA	885	885	885			X		
\\A	PENICILLINS	262,110	158,729	Feb-04	IBM	1,715	758				X		
\\A	PENICILLINS	262,110	158,729	Feb-04	TA	11,066	2,696	2,696			X		
\\C	TETRACYCLINES	35,614	18,409	Feb-04	IBM	1,715	758				X		
\\C	TETRACYCLINES	35,614	18,409	Feb-04	TA	11,066	2,696	2,696			X		
\\D	MACROLIDES	149,341	100,561	Feb-04	IBM	1,715	758	1			X		
\\D	MACROLIDES	149,341	100,561	Feb-04	TA	11,066	2,696	2,696				X	
\\E	CHLORAMPHENICOL AND DERIVATIVES	10	2										
\\F	AMINOGLYCOSIDES	4,105	1,376	Feb-04	IBM	1,376	758				X		
\\F	AMINOGLYCOSIDES	4,105	1,376	Feb-04	TA	1,376	1,376	1,376			X		
\\G	ANTITUBERCULAR ANTIBIOTICS	820	465										
\\J	VANCOMYCIN AND DERIVATIVES	5,834	1,276	Feb-04	IBM	1,715	758				X		
\\J	VANCOMYCIN AND DERIVATIVES	5,834	1,276	Feb-04	TA	1,276	2,696	2,696			X		
\\K	LINCOSAMIDES	10,726	7,899	Feb-04	IBM	1,715	758					X	
\\K	LINCOSAMIDES	10,726	7,899	Feb-04	TA	7,899	2,696	2,696				X	
\\L	ANTIBIOTICS,MISCELLANEOUS, OTHER	4	3										
\\M	STREPTOGRAMINS	5	2										
\\N	POLYMYXIN AND DERIVATIVES	168	53	Feb-04	IBM	53	53				X		
\\N	POLYMYXIN AND DERIVATIVES	168	53	Feb-04	TA	53	53	53			X		
\\O	OXAZOLIDINONES	710	387										
\\P	BETA LACTAMS	153	55	Feb-04	IBM	55	55				X		
\\P	BETA LACTAMS	153	55	Feb-04	TA	55	55	55			X		
\\Q	QUINOLONES	101,269	50,995	Feb-04	IBM	1,715	758				X		
\\Q	QUINOLONES	101,269	50,995	Feb-04	TA	11,066	2,696	2,696			X		
\\S	CARBAPENEMS (THIENAMYCINS)	1,402	299	Feb-04	IBM	299	299				X		
\\S	CARBAPENEMS (THIENAMYCINS)	1,402	299	Feb-04	TA	299	299	299			X		
\\W	CEPHALOSPORINS- 1ST GENERATION	91,253	61,811	Feb-04	IBM	1,715	758				X		
\\W	CEPHALOSPORINS- 1ST GENERATION	91,253	61,811	Feb-04	TA	11,066	2,696	2,696			X		
\\X	CEPHALOSPORINS- 2ND GENERATION	21,373	15,785	Feb-04	IBM	1,715	758				X		
\\X	CEPHALOSPORINS- 2ND GENERATION	21,373	15,785	Feb-04	TA	11,066	2,696	2,696			X		
\\Y	CEPHALOSPORINS- 3RD GENERATION	46,533	30,769	Feb-04	IBM	1,715	758				X		
\\Y	CEPHALOSPORINS- 3RD GENERATION	46,533	30,769	Feb-04	TA	11,066	2,696	2,696			X		
\\Z	CEPHALOSPORINS- 4TH GENERATION	580	177										
\\2A	ABSORBABLE SULFONAMIDES	57,135	31,634	Feb-04	IBM	1,715	758				X		
\\2E	ANTIMYCOBACTERIUM AGENTS	1,429	330										
\\2F	NITROFURAN DERIVATIVES	27,414	13,649	Feb-04	IBM	1,715	758					X	
\\2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	2,804	734	Feb-04	IBM	734	734				X		
\\2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	2,804	734	Feb-04	TA	734	734	734			X		
\\2Y	ANTI-INFECTIVES, MISC. (ANTIBACTERIALS)	8	4										
\\3A	ANTIFUNGAL ANTIBIOTICS	19,954	13,429	Feb-04	IBM	1,715	758				X		
\\3A	ANTIFUNGAL ANTIBIOTICS	19,954	13,429	Feb-04	TA	11,066	2,696	2,696			X		
\\3B	ANTIFUNGAL AGENTS	35,401	20,311	Feb-04	IBM	1,715	758				X		
\\3B	ANTIFUNGAL AGENTS	35,401	20,311	Feb-04	TA	11,066	2,696	2,696			X		
\\4A	ANTIMALARIAL DRUGS	25,668	5,071	Feb-04	IBM	1,715	758				X		
\\4A	ANTIMALARIAL DRUGS	25,668	5,071	Feb-04	TA	5,071	2,696	2,696			X		
\\4C	AMEBACIDES	12	12										
\\4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	19,644	15,224	Feb-04	IBM	1,715	758				X		
\\4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	19,644	15,224	Feb-04	TA	11,066	2,696	2,696			X		
\\4K	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	178	44										
\\4L	ANTHELMINTICS	2,255	1,975										
\\4M	ANTIPARASITICS	33	21										
\\4P	ANTILEPROTICS	1,073	242										
\\5A	ANTIVIRALS, GENERAL	14,213	7,407	Feb-04	IBM	1,715	758	697			X		
\\5A	ANTIVIRALS, GENERAL	14,213	7,407	Feb-04	TA	7,407	2,696	2,696			X		
\\5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2,851	379										
\\5D	ANTIVIRAL MONOCLONAL ANTIBODIES	2,082	435										
\\5F	HEPATITIS B TREATMENT AGENTS	277	41										
\\5G	HEPATITIS C TREATMENT AGENTS	3,989	466										
\\5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	2,398	412										
\\5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	6,975	698										
\\5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	3,507	564										
\\5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	2,946	491	Feb-04	IBM	491	491				X		
\\5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	2,946	491	Feb-04	TA	491	491	491			X		
\\5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1,821	316										
\\5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	149	27										
\\5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE NUCLEOTIDE ANALOG	34	28										
\\7B	VIRAL/TUMORIGENIC VACCINES	307	198										

– continued --ATTACHMENT 3.4 RetroDUR Exceptions & Interventions

THERA CLASS CODE	THERAPEUTIC CLASS DESCRIPTION	# CLAIMS	# UTILIZERS	MONTH	PROGRAM TYPE	# PT SCREENED	# PT TARGETED	# PT INTERVENTIONS	CA	OU	GA	TA	TD
VAC	INFLUENZA VIRUS VACCINES	5,846	5,621										
VAH	ENTERIC VIRUS VACCINES	2	2										
VAJ	NEUROTOXIC VIRUS VACCINES	3	2										
VAK	ANTISERA	299	141										
VAL	GRAM POSITIVE COCCI VACCINES	2,163	2,114										
VAM	GRAM(-) BACILLI (NON ENTERIC) VACCINES	2	2										
VAN	TOXIN PRODUCING BACILLI VACCINES/TOXOIDS	43	43										
VAQ	GRAM NEGATIVE COCCI VACCINES	23	22										
VAT	ANTIGENIC SKIN TESTS	532	446										
VAZ	VACCINE/TOXOID PREPARATIONS, COMBINATIONS	124	116										
VBD	OXIDIZING AGENTS	668	225	Feb-04	IBM	225	225				X		
VBD	OXIDIZING AGENTS	668	225	Feb-04	TAI	225	225	225			X		
VBF	IRRIGANTS	5,388	1,787	Feb-04	IBM	1,715	758				X		
VBF	IRRIGANTS	5,388	1,787	Feb-04	TAI	1,787	1,787	1,787			X		
VBG	ANTISEPTICS, MISCELLANEOUS	30	12										
VBH	MOUTHWASHES	9	9										
VBT	PRESERVATIVES	75	68										
VBA	KETOLIDES	511	468										
VBB	CYCLIC LIPOPEPTIDES	242	33										
VBC	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	7	4										
XBB	SYRINGES AND ACCESSORIES	6	2										
XBA	OSTOMY SUPPLIES	1	1										
XBB	BANDAGES AND RELATED SUPPLIES	5	4										
YDA	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	27	13										
ZDA	ANTIHISTAMINES	368,080	114,790	Jan-04	IBM	1,584	862	21		X			
ZDA	ANTIHISTAMINES	368,080	114,790	Feb-04	IBM	1,715	758				X		
ZDA	ANTIHISTAMINES	368,080	114,790	Dec-03	TAI	2,264	1,157	1,157		X			
ZDA	ANTIHISTAMINES	368,080	114,790	Jan-04	TAI	4,975	2,022	2,022		X			
ZDA	ANTIHISTAMINES	368,080	114,790	Feb-04	TAI	11,066	2,686	2,686			X		
ZDE	IMMUNOSUPPRESSIVES	17,545	1,570	Feb-04	IBM	1,570	758				X		
ZDE	IMMUNOSUPPRESSIVES	17,545	1,570	Feb-04	TAI	1,570	1,570	1,570			X		
ZDF	MAST CELL STABILIZERS	3,109	1,121										
ZDG	IMMUNOMODULATORS	2,052	1,309	Feb-04	IBM	1,309	758				X		
ZDG	IMMUNOMODULATORS	2,052	1,309	Feb-04	TAI	1,309	1,309	1,309			X		
ZDH	SYSTEMIC ENZYME INHIBITORS	125	12										
ZDL	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)	270	45										
ZDN	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	192	178										
ZHB	LEUKOTRIENE RECEPTOR ANTAGONISTS	86,271	18,938										
ZHE	5LIPOXYGENASE INHIBITORS	25	8										
ZXA	UNCLASSIFIED DRUGS	88	31										

*KEY	*KEY Description
CA	=Cost Appropriateness
OU	=Over Utilization
GA	=Generic Appropriateness
TA	=Therapeutic Appropriateness (including Dose Optimization & Step Edit Education)
TD	=Therapeutic Duplication

1. TAI interventions referred to face-to-face, one-on-one meetings with prescribers.

2. TAI PDL targeted education occurred in large open invitation "town hall" type group meetings. Numbers reflect total patients in targeted area were physicians were invited.

ATTACHMENT 3.5 RetroDUR Interventions Performed – Description

The following information is a year-end summary description of RetroDUR activities that were approved by the DUR Board and performed by ACS through the following RetroDUR program types: standard RetroDUR programs, IBM (phone calls to prescribers) and TAI (therapeutic academic interventions or face-to-face physician visits).

(Note: Not all RetroDUR criteria and initiatives include cost savings. Quality of care initiatives may actually increase pharmacy costs, while reducing the use of other resources, such as medical expenditures, and improving the quality of life of the participant).

Month	Intervention Name	IBM	TAI	RetroDUR	Intervention Description
Oct 2003	Over Utilization of Opiates and/or with Smooth Muscle Relaxers	X			For the month of October, the IBM program focused on patients who were receivin relaxants from more than one prescriber. After reviewing recipient medication pro the prescribing physicians to discuss the patients' use of narcotics prescribed by o appropriate care.
Oct 2003	Therapeutic Duplication of Smooth Muscle Relaxers		X		For the month of October, the TAI program focused on the therapeutic duplication Patients included in this review had received 2 or more SMRs in the month of Aug medication profiles, the TAI pharmacist contacted the prescribing physicians to dis patients' regimen to only one SMR.
Nov 2003	Therapeutic Duplication of Smooth Muscle Relaxers		X		See Oct 2003 for description.
Dec 2003	Dose Optimization of Lipotropics			X	For the month of December, the RetroDUR program focused on high doses (high included in this review had received greater than the recommended daily dose (nu After reviewing recipient medication profiles, the RetroDUR pharmacist contacted with the following issues: drug dosing, duplicate therapies, over-utilization, preferr inappropriate drug therapy.
Dec 2003	Therapeutic Duplication of SSRI	X			For the month of December, the IBM program focused on the therapeutic duplicati inhibitors (SSRIs). Patients included in this review had received 2 or more SSRIs i reviewing recipient medication profiles, the IBM pharmacist contacted the prescrib possibility of reducing the patients' regimen to only one SSRI. If a patient had mul made to each physician to coordinate appropriate care.
Dec 2003	Allegra Step Edit		X		For the month of December, the TAI program focused on the implementation of a antihistamine, Allegra. Patients included in this review had received prescription(s of receiving over-the-counter (OTC) loratadine within the past three months. Upon the TAI pharmacist contacted the prescriber to request a change from the client's antihistamine to the preferred over-the-counter (OTC) loratadine. Prescribers wer who had previously failed the preferred medication.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2004

Month	Intervention Name	IBM	TAI	RetroDUR	Intervention Description
Jan 2004	Allegra Step Edit	X	X		See Dec 2003 for description.
Feb 2004	Brand w/Generic Available	X	X		For the month of February, the IBM/TAI program focused on brand name medica available. Patients included in this review had received brand named medication available & with no documentation that the brand was medically necessary. After profiles, the IBM/TAI pharmacist contacted the prescribing physicians to discuss utilizing generic alternative, the requirements to prescribe brand medically neces complete Med Watch forms when necessary. Phone calls/visits were made to ea fax follow up with a copy of a Med Watch form if requested.
Mar 2004	Dose Optimization - Atypicals and Paxil CR	X	X		For the month of March, the IBM/TAI program focused on high doses (high utiliza and Paxil CR. Patients included in this review had received greater than the reco tablets) of these agents. After reviewing recipient medication profiles, the IBM/TA physicians to discuss the following issues: drug dosing, duplicate therapies, ove adherence, and inappropriate drug therapy.
Apr 2004	Excessive Duration of Sedative Hypnotics	X	X	X	For the month of April, the IBM/TAI/RetroDUR program focused on over utilizatio included in this review had received continuous therapy of sedatives or hypnotics After reviewing recipient medication profiles, the IBM/TAI/RetroDUR pharmacist discuss one or more of the following issues: drug dosing, duplicate therapies, ov adherence, and inappropriate drug therapy. If a patient were prescribed multiple were made to review patients' care.
May 2004	Excessive Duration of Sedative Hypnotics	X	X		See April 2004 for description.
June 2004	Nasal Corticosteroid Switch	X	X	X	For the month of June, the IBM/TAI/RetroDUR program focused on the conversio Patients included in this review had received higher cost agents within the specif After reviewing recipient medication profiles, the IBM/TAI/RetroDUR pharmacist discuss the following issues: the conversion of cost-saving alternatives (corticos therapies, over-utilization, preferred drug list adherence, and inappropriate drug t
July 2004	No Intervention Approved by DUR Board				The Indiana DUR Board did not approve the proposed initiative for this month.
Aug 2004	No Intervention Approved by DUR Board				The Indiana DUR Board did not approve the proposed initiative for this month.
Sept 2004	Patients having poly-prescribers of Narcotics	X			For the month of September, the IBM program focused on patients who were rec prescribers. After reviewing recipient medication profiles, the IBM pharmacist co discuss the patients' use of narcotics prescribed by other physicians and to coord
Sept 2004	Dose Optimization - Vioxx		X		For the month of September, the TAI program focused on high doses (high utiliza review had received greater than the recommended daily dose (number of tablet recipient medication profiles, the TAI pharmacist contacted the prescribing physic drug dosing, duplicate therapies, over-utilization, preferred drug list adherence, a

-- Continued –

Attachment 4
Summary of DUR Board Activities

ATTACHMENT 4.

INDIANA MEDICAID CMS FFY 2004

SUMMARY Of DUR BOARD ACTIVITIES

A. Indicate the number of DUR Board meetings held.

A. DUR Board meetings are held monthly. Twelve meetings were held during FFY 2004.

B. List additions/deletions to DUR Board approved criteria.

1. For prospective DUR, list problem type/drug combinations added or deleted.

   The DUR Board worked on two major initiatives for the Pro-DUR criteria.

   (1) PDL Program -- The DUR Board continued review and modifications of therapeutic classes for the PDL program. Practitioners were encouraged to prescribe the preferred drug(s) in a therapeutic class. If practitioners did not want to prescribe the preferred drug, they could go through the process to obtain a prior authorization (PA) for Non-Preferred drugs.

   (2) Some Pro-DUR Edits Changed from PA back to overridable (soft) by the pharmacist -- The DUR Board adopted changing some ProDUR criteria from non-override able (hard) ProDUR edits requiring PA to override able (soft) ProDUR edits. The two ProDUR edits that changed to soft edits in June 2004 were: TD and HD.

   (See Attachment 4.1 for DUR Board-approved ProDUR criteria modifications).

2. For retrospective DUR, list therapeutic categories added or deleted.
   See Attachment 4.2 for additions of DUR Board-approved RetroDUR criteria.

C. Describe Board policies that establish whether and how results of prospective DUR screenings are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screenings are used to adjust prospective DUR screens.

The OMPP had just completed consolidation of the contractors responsible for each function of claims processing, ProDUR and RetroDUR analyses and interventions. In FFY2004, the OMPP decided to return back to EDS for claims processing and use ACS for its clinical functions.

Analyses of both ProDUR and RetroDUR edits and criteria have always been used by the OMPP and the DUR Board to help establish new cost-

containment initiatives. It has been standard practice by the OMPP and DUR Board to expect that the contractor would develop and present innovative ideas on cost containment and therapeutic appropriateness through DUR program efforts. The OMPP and ACS State Healthcare pledged more RetroDUR interventions for FFY 2004. The OMPP and the DUR Board upheld that standard and approved and conducted more RetroDUR and educational interventions over the FFY2004 year.

ATTACHMENT 4 –continued--

D. Describe any policies used to encourage the use of therapeutically equivalent generic drugs. Include relevant documentation, if available, as ATTACHMENT 5.

The State of Indiana has a mandatory generic substitution statute. Indiana regulation was also added to require Prior Authorization for prescriptions written as "Brand Medically Necessary when generic substitution is possible.

See attachment 5 for specific descriptions & relevant documentation.

E. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).

The DUR Board set the types and quantities of DUR interventions.

FFY 2004 included a prior authorization program due to excessive overrides of certain ProDUR alerts, especially early refill.

A comprehensive PDL Program was implementedand re-reviews began. The goals of the PDL program were to improve quality of care while conserving Program expenditures.

Provider bulletins and DUR Board Newsletters were reviewed and approved notifying prescribers and pharmacists about the programs.

IBM and TAI educational interventions were also reviewed and approved by the DUR Board.

Attachment 4.3 contains meeting minutes highlighting involvement in DUR education.
Attachment 4.4 contain Provider Bulletins and Banners
Attachment 4.5 contain DUR Board Newsletters

Attachment 4.1 **PROSPECTIVE DUR CRITERIA CHANGES**

CHANGES WERE FROM OVERRIDES TO PRIOR AUTHORIZATION (PA) REQUIRED

*Implementation Dates of Pro-DUR Criteria now Requiring PA

The DUR Board Adopted ProDUR Criteria Changes Listed Below by Problem Type

INAPPROPRIATE DOSE (HIGH DOSE)

1. **All Drugs except** Hydrocod/APAP, Oxycod/APAP; Oxycodone *(3/28/03) - (Changed to soft overridable edit in June 2004)
2. [redacted]
3. [redacted]

THERAPEUTIC DUPLICATION

1. **Thera.Dup**. See Table 1.B for Drug List *(7/22/03) - Changed to soft overridable edit in June 2004)
2. [redacted]
3. [redacted]

DRUG ALLE

1. [redacted]
2. [redacted]
3. [redacted]

INAPPROPRIATE DURATION

1. **Early Refill** * (7/1/02)
2. **34-Day Supply for Non-Maintenance** *(7/1/02)
3. [redacted]

DRUG/ DRUG INTERACTIONS

1. **DD Severity Level 1** * (1/15/03)
2. [redacted]
3. [redacted]

DRUG DISEAS

1. [redacted]
2. [redacted]
3. [redacted]

OTHER

(specify) [redacted]

1. [redacted]
2. [redacted]
3. [redacted]

OTHER

(specify) [redacted]

1. [redacted]
2. [redacted]
3. [redacted]

GENERIC APPR

1. **Brand Medica** *(8/2001)
2. [redacted]
3. [redacted]

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2004

Attachment 4.2 RETRO-DUR CRITERIA CHANGES (& ADDITIONS)

INAPPROPRIATE DOSE (HIGH DOSE)

1. NONE
2.
3.
4.
5.
6.
7.
8.

THERAPEUTIC DUPLICATION
OVERUTILIZATION

1. **Sel.Serotonin Reuptake Inh.(SSRIs)**
1. **OPIATES W/ SM MUSC RELXNTS**
2. **Smooth Muscle Relaxants**
2. **Narcotics & Multiple Prescribers**
3.
3.
4.
4.
5.
5.
5.
6.
6.
6.
7.
7.
8.
8.

INAPPROPRIATE DURATION
DRUG / DISEASE CONTRAINDICATION

1. **Sedative Hypnotics / Excessive Duration**
1. NONE
2.
2.
3.
3.
4.
4.
5.
5.
6.

DRUG / DRUG INTERACTION

1. NONE
2.
3.
4.
5.

OTHER: COST APPROPRIATENESS

SPECIFY

1. **Nasal Corticosteroids**
1. **Brand with Generic Available**
2.
2.
3.
3.
4.

OTHER: THERAPEUTIC APPROPRIATENESS

SPECIFY

1. **Lipid Lowering Agents / Dose Optimization**
2. **Sel.SerReupt.Inh.(SSRIs)/ Dose Optimization**
3. **Allegra only after trying other NSAs first**
4. **Atypicals & Paxil CR / Dose Optimization**

OTHER: GENERIC APPROPRIATENESS

SPECIFY

4._____

5. _____ 5. **Vioxx / Dose Optimization**

5._____

6. _____ 6. _____

6._____

FOR EACH PROBLEM TYPE, LIST (DRUGS / DRUG CATEGORY / DISEASE COMBINATIONS) FOR WHICH DUR BOARD
CONDUCTED IN-DEPTH REVIEWS. PLEASE INDICATE WITH AN ASTERICK THOSE FOR WHICH CRITERIA WERE ADOPTED.INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2004

ATTACHMENT 4.3

INDIANA DUR BOARD SUMMARY OF MEETING MINUTES

October 2003 – September 2004

October 2003

Marc Shirley, OMPP Pharmacy Director, stated that there would be a public hearing on one of the pharmacy cost containment issues, regarding an increase in the drug co-pay under the traditional Indiana Medicaid Drug Benefit to a flat $3.00 co-pay.

Ted Grissell, Health Care Excel, presented the IRDP Prior Authorization Statistics Update with statistical data from the DUR productivity report for the month of September. This report from the month of September displayed the following results:

10,114 processed prior authorization requests;
2,004 additional telephone inquiries;
12,118 interventions for Health Care Excel.

Dr. Smith requested follow-up information regarding statistical inference of the call data in relationship to the OR program from last month and to get information on the impact of the program with the number of total processed interventions. Dr. Grissell checked with ACS to develop numbers to report to the Board.

Dr. Lindstrom, Chairman, had received information from Glaxo Smith Kline concerning Augmentin XR®, to review during the November PDL meeting of the Therapeutics Committee.

Dr. Ceh commented on her personal experiences with a few Indianapolis area prescribers who refused to use the prior authorization process and have instructed their staff not to do prior authorizations for Medicaid.

Dr. Wernert, Vice Chairman, brought to the Board's attention, an oversight in the approval of the Harmony Plan formulary, which caused many psychiatric patients to be switched from Effexor® XR to Effexor® tablets in May and June of this year. The XR formulation was the standard in the industry. Therefore, he instructed Harmony Health

Plan to change their formulary for the class SSRIs/SNRI's - to add Effexor® XR instead of Effexor® tablets. The Board made the change effective immediately.

The Board unanimously voted to require the contracted MCO's in Indiana to make quarterly reports available to the Board for review.

Dr. Smith suggested that Indiana consider tablet splitting for dose optimization of four drugs because it has returned a significant savings to the Kentucky State Medicaid program.

Dr. Ceh discussed an issue concerning dentists that were prescribing Diflucan® 150mg doses to their Medicaid patients for prophylaxis of vaginal candidiasis following antibiotic therapy. Mr. Shirley noted that ACS, the PBM contractor, has subcontracted with Prudent RX for auditing purposes. He stated that this would be a matter of interpretation of the applicable practice law.

November 2003

Marc Shirley, OMPP, discussed the Senate Enrolled Act 228 DUR Board Report that was going to the State Legislature. The report covered the operation of the PDL, a cost analysis of the PDL, and other relevant information. The PDL should be available to the Board before the January 2004 meeting.

Mr. Barth, OMPP-Managed Care Director, addressed the issue of the formulary recommendation regarding Harmony Health Plan and the drug Effexor® XR. Mr. Barth suggested the Board notify the Office, Harmony Health Plan and any affected health plans of any discussions concerning their formulary and give opportunity to respond.

Jason Crowe and Emily Baker, ACS, presented the Therapeutics Committee's recommendations of proposed changes and additions to the Preferred Drug List (PDL). Dr. Crowe stated that three primary drivers supported their recommendations: clinical rationale, drug costs, and total program cost/quality of care. There were 11 therapeutic groups reviewed. There were no changes made within a number of groups.

Jason Crowe presented the proposed TAI, IBM, and RetroDUR initiatives. ACS proposed five initiatives and presented the fourth quarter 2003 DUR Board Newsletter. The Board approved the following recommendations:

- *ACS' first proposed TAI intervention involved provider education for an Allegra® step-edit. Dr. Crowe added that the analysis of this initiative indicated that over 12,500 patients would actually hit the edit.*
- *Dr. Crowe proposed a TAI initiative for provider education before the implementation of a Singulair® step-edit. This edit would affect over 6,700 patients.*
- *ACS then proposed the first of two IBM initiatives. Dr. Crowe stated that the first intervention would target the duplicate therapy of SSRIs and added that over 1,900 patients met the criteria. If a patient had multiple prescribers on the profile, then the clinical pharmacist would contact both providers in an attempt to coordinate care.*
- *Dr. Crowe then proposed the final TAI initiative for the long-term use of PPIs. Almost 3,000 patients met the selection criteria of having received a PPI for longer than six months of therapy. The goals would be to decrease the utilization of PPIs, and promote therapy with an H2 blocker or OTC Prilosec®.*
- *Dr. Crowe proposed the RetroDUR initiative that involves the dose optimization of statins. In the analysis, 355 patients met the criteria.*

Dr. Crowe presented the fourth quarter 2003 DUR Board Newsletter for approval by the Board. The Board approved unanimously.

Mari Ianni, Schering-Plough Pharmaceuticals, addressed the approved TAI initiative for the Allegra step-edit. Dr. Crowe stated that ACS was currently doing a financial and a

call center analysis on the projected impact of the step-edit and the educational effort.

ATTACHMENT 4.3 --continued--

Dr. Lindstrom acknowledged that the Board has received quarterly reports for all three MCOs.
Dr. Lindstrom pointed out that Harmony has the least number of complaints with their formularies, around 80 percent, and the other two MCOs were at 99 and 98 percent, respectively. Additionally, he sighted the significant differences of total cost by prescription between the MCOs.

December 2003

Dr. Lindstrom commented that he wanted to recap the major objectives the Board had accomplished throughout the past year:

The Preferred Drug List (PDL) was completed;
Two comprehensive reviews of the PDL;
A comprehensive report of the MCO formularies was provided to the appropriate legislative committee;
A discussion and forward move of the definitions of "Therapeutic class";
The Board performed an outcome-based analysis of the NSAID/Cox-2 inhibitor interventions. The Board was encouraged to pursue this type of analysis for interventions and recommendations regarding formularies and the PDL.

Dr. Lindstrom explained that the elected officers for 2004 would assume their responsibilities beginning with the January meeting. Dr. Wernert was nominated for Chairman. Brian Musial was nominated for Vice-Chairman.

Jason Crowe, ACS, presented the proposed initiatives for the IBM and TAI program for January 2004. The focus for both programs would be a continuation of the TAI initiative from December, the Allegra® step-edit education to shift utilization from Allegra® to OTC loratadine. The claims data from November showed that over 10,000 patients would be impacted by this step-edit once it was implemented. Dr. Crowe presented a preliminary assessment of those prescribers visited by the TAI pharmacist which showed an approximately 20 percent decrease in the total amount paid for this therapeutic class and a decrease in the PUPM compared to the control group.

Glenna Asmus, HCE, presented the monthly statistics report concerning the HCE Update-IRDP Prior Authorization Statistics Update.

Mr. John Smith, with the American Lung Association of Indiana, presented concerns raised by the patient advocacy groups regarding the non-PDL status of Xopenex®. The Board made no specific recommendations regarding this request to allow more time and

to meet with ACS. They reiterated that the Therapeutics Committee maintains autonomy in making their rules of order.

Mr. Charlie Hiltunen spoke on behalf of the Indiana Minority Health Coalition to be able to coordinate the disease management effort with the Therapeutics Committee's recommendations on the respiratory agents. Mr. Hiltunen stated that patient education was probably the single most important factor in both managing the disease and lowering the costs associated with it. Dr. Smith suggested an initiative targeting prescribers who write for beta agonists without using an inhaled corticosteroid.

Jason Crowe, ACS, gave an update on the status of the DUR website. ACS was in the process of developing a work plan to merge the two websites. The Board made the following recommendations:

To merge the DUR Board site run by EDS with the Therapeutics Committee website run by ACS;
To remove any antiquated information;
To have a single connect for pharmacy information;
To update all relevant links;
To have the activities of the DUR Board and the Therapeutics Committee in one location;
To find out which sites were being utilized predominately.

Dr. Smith asked about the quarterly reports from Harmony Health and MDWise that have zeros after certain questions indicating no complaints. He also pointed out that the emergency supply was still an issue with MHS, especially for the CVS pharmacies who fill about 60% of their prescriptions. Education should be provided by MCO collaboratively regarding the 72-hour emergency supply issue.

Dr. Treadwell discussed a letter from MDWise which revealed that physicians prescribing the non-PDL drug Cordran® had received the letter which suggested a PDL alternative, in this case a medication used to treat ADHD.

January 2004

Dr. Wernert made a notation of the upcoming PDL reviews in February, May, August and November. Dr. Wernert shared a few comments on the meeting he had with Melanie Bella, Director of the Office of Medicaid Policy and Planning. Ms. Bella reported that the actual drug expenditures for the Medicaid program only increased 0.2% from 2002 to 2003. Unfortunately, for 2004, they were projecting a 15% increase and for 2005 a 13.9% increase. This increase was projected to come from the addition of over 100,000 Medicaid recipients to the rolls and for cost increases in the actual price of drugs.

Dr. Jason Crowe, ACS, presented the proposed initiative for the IBM and TAI programs for February 2004 entitled "Brand Medically Necessary Education". The focus for both programs would be to target the 400 largest prescribers of brand name medications where there was an A-rated generic available for an educational-type discussion with a goal of decreasing expenditures on these classes of products. Dr. Crowe presented a preliminary assessment of the TAI and IBM programs for the month of September 2003. The initiative for that month was to target prescribers with high utilizers by number of prescription claims per month. The data presented for the IBM initiative showed a 25% decrease in the per utilizer per month (PUPM) amount paid for the target group verses a 15% decrease in the control group and a corresponding 24% decrease in number of claims per utilizers per month in the target group verses a 15% decrease in the control

group. The data presented for the TAI initiative showed a 14% decrease in the (PUPM) amount paid for the target group verses a 10% decrease in the control group and a corresponding 9% decrease in number of claims per utilizers per month in the target group verses a 5% decrease in the control group. Dr. Crowe stated that the annualized "Expenditure Projections" for the IBM program were about $588,000 and about $30,000 for the TAI program.
ATTACHMENT 4.3 --continued--

Glenna Asmus, HCE, presented the monthly statistics report on ProDUR edits for the HCE UPDATE-IRDP Prior Authorization Statistics Update.

Dr. Smith asked about the 0.2% increase in total expenditures referenced at the beginning of the meeting. Dr. Wernert stated that the primary driver was the PDL and the significant shift into the preferred drugs in each class. The increase came from an increase in prices and addition of 100,000 people to the rolls. He added that if it were not for the one-time federal fiscal relief of $146 million, the Medicaid program would have lost $122 million but instead, the projected deficit for this biennium was $21 million.

February 2004

Dr. Wernert announced a need for the selection and approval of Dr. Schumacher's replacement on the Therapeutics Committee.

Mr. Marc Shirley, OMPP, introduce Melanie Bella, OMPP Director, who went over the Medicaid forecast update provided to the Board last month which included the estimates for total program spending, the state's share in that spending, OMPP's cost containment efforts, and enrollment. The projected program deficit had now dropped from the $263 million projected in December 2002 to $21.7 million projected in January 2004 for the next biennium. She noted that the forecasted expenditures included the $146 million in federal relief as well as $73 million in cost containment efforts. Some of the new pharmacy cost containment efforts was coming up, such as the mandatory 90-day supply, the generic drug initiative, and modifications to the OTC and legend drug lists. She added that enrollment would have increased by 100,000 recipients from 2002 to 2005 and most cost increase would come from this. Mr. Brian Musial, liaison for the Therapeutics Committee, announced that he would follow the ACS update with his comments as in the past and suggested combining these two into one agenda item in the future. Mr. Musial informed the Board that the new chair for 2004 was Dr. Michael Sha and Dr. Steven Dunlop was vice-chair. He also announced that ACS had developed a new tool for the Therapeutics Committee that allowed them to look at drug utilization with real time data.

It allowed the group to see what a recommended change might be predicted to do to the market share in terms of a shift and how that would translate into potential projected savings. Dr. Jason Crowe, ACS, presented the Therapeutics Committee

recommendations from the February meeting and the following four therapeutic classes were reviewed: Asthma/Allergy, Anti-infectives, Cardiovascular, Lipotropics

Mr. Musial commented on each sub-class before the Board voting. For the allergy and asthma class, the beta agonist agent Xopenex® was discussed by the Therapeutics Committee. A step edit had been proposed, but the Committee felt that patients with an urgent need would still end up in an office or ER setting, so that would not enhance access. In the non-sedating class, the group discussed OTC loratadine syrup versus Zyrtec® syrup and recommended no changes. In the nasal corticosteroid class, it was discussed making Rhinocort® AQ non-PDL but no recommendation to change was made. In the beta agonist combo class there was discussion on removing the higher dose Advair® from the PDL, but no recommendation was made. The cost of Astelin® was discussed with no recommendations made. The Board accepted the Therapeutics Committee recommendations for PDL changes in these classes.
ATTACHMENT 4.3 --continued—

Mr. Musial shared that for the anti-infective class there was discussion on the increases in utilization of the influenza agents, which was determined to be seasonal. The group felt no changes were necessary. Suprax® would remain on the PDL even though it was no longer being manufactured to allow shelf stock to be dispensed. Spectrocef® was added based on cost data and spectrum of activity. Ciprofloxacin cost was discussed. The discussion of macrolides with a subsequent de-emphasis on fluoroquinolones resulted in no changes. Vigamox® versus Zymar® was discussed with concern about the use of these agents in simple conjunctivitis. There was much discussion over age restriction and refill limits. The otic antibiotics, dexamethasone and hydrocortisone, both remain on the PDL. The group kept Cipro® HC on the PDL and made Ciprodex® non-PDL. Vfend® did not approve for candidiasis, the Committee still limited its use to aspergilliosis and required PA. The group thought that the new topical fungal agent Ertaczo® was more costly, but not more effective, than agents on the PDL were. The Board accepted the Therapeutics Committee's recommendations for PDL changes in this classes.

Mr. Musial shared that for the ACE inhibitors and ARBs no changes were recommended. In the beta-blocker category, no changes were recommended. Because Inspra® was a more costly agent, a step edit was recommended. The drug fosinopril would remain on the PDL and would be examined to enhance the State MAC list in the future. Dr. Crowe estimated that over $100,000 would have been saved if the agent had been non-PDL when introduced in the marketplace. The Board accepted the Therapeutics Committee's recommendations for PDL changes in this classes

Mr. Musial shared that for the lipotropic class with gemfibrozil versus fenofibrate and Lofibra® had not warranted any changes. It was recommended to keep Crestor® PDL-neutral due to concern over long-term side effects and costs. The Committee felt that adding Advicor®, Niacor®, and Niaspan® to the PDL offered another avenue to improving lipid profiles by lowering cholesterol, HDLs and LDLs. Moving Pravigard® to

non-PDL was consistent with the non-PDL status of Pravachol®. Dr. Baker stated that when a drug had a PDL neutral status, it would continue to be re-evaluated by the Therapeutics Committee until enough data had come in for them to be comfortable with a decision to recommend either PDL or non-PDL status for that agent. The Board accepted the Therapeutics Committee's recommendations for PDL changes in this class.

Dr. Jason Crowe, ACS, presented the proposed initiative for the IBM and TAI programs for March 2004 entitled "Dose Optimization of Atypical Antipsychotics and Paxil® CR". The focus for both programs would be to target prescribers of these agents with doses that exceed FDA recommendations, for an educational-type discussion. The goal would be to optimize dosing and decrease expenditures for this class of products.
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Dr. Jason Crowe presented call center data concerning the ACE UPDATE-IRDP Prior Authorization Statistics. Dr. Crowe was asked to look into how long a claim would stay in suspended status and report that information in an additional column.

Dr. Wernert suggested adding an agenda item to review & compare the prior authorization processes from ACS and the three MCOs. He also asked to have a separate item for grievance definitions and review them in a side-by-side comparison. Dr. Wernert then asked Board members to consider the five candidates for the open slot on the Therapeutics Committee.
ATTACHMENT 4.3 --continued--

March 2004

The Board moved to make Bruce Hancock a member of the Therapeutics Committee.

Mr. Marc Shirley, OMPP, formally thanked ACS for the good work being done on the DUR Board Meeting minutes. The renewed emphasis on having them accurate, concise, and factual showed the good job being done through ACS.

Dr. Jason Crowe, ACS, presented the proposed initiative for the IBM, TAI, and RetroDUR clinical programs for April 2004 entitled "Over-Utilization of Sedative Hypnotics". The focus would be to target prescribers of these agents who had patients with therapy that exceed FDA recommendations, for an educational-type discussion. The goal would be to limit daily utilization to no more than four weeks and decrease expenditures for this class. He also explained the format of the collateral letter. The Board accepted the ACS proposed intervention for the month of April.

He commented that the PPI step edit rolled out in October resulted in an extraordinary amount of calls to the call center and there had been concern that adding more edits in on top of that might have caused unacceptable wait times for prescribers trying to call in to the call center. He added that a decision had not yet been made on the non-sedating

antihistamines because it involved around 12,000 people. The January TAI and IBM interventions successfully brought numbers down.

John Barth, Managed Care Director, OMPP, stated that he would address both the prior authorization and grievance definition for the health plans. He asked the Board's indulgence to reverse the order to be able to report on the grievance definition himself and have the representative from each of the plans report on the prior authorization process. He asked the Board what their preference was for hearing from the MCOs and ACS.

Mr. Barth first addressed the issue of definition of inquiry versus grievance. He gave some statistics on the top three reasons members call into the MCOs, to verify eligibility, to verify benefits, and to arrange for transportation. Mr. Barth offered to provide a report card to the Board in the form of a published public reporting document on Hoosier Healthwise that shows all these measures, to be available online within the next few weeks. Dr. Irick said he was asking questions because of the mess other states have had with their programs, particularly Tennessee. Mr. Barth responded that Hoosier Healthwise had been very organized and methodical every step of the way in rolling out their program, ensuring that their plans were consistently meeting all standards. He stated that he would make the report card available to the Board next month.

Mr. Barth then addressed the issue of prior authorization. Dr. Amstutz, Medical Director for MDWise, presented the process and the other plan representatives assisted with questions.

Dr. Lindstrom pointed out that a conundrum existed when there was a PA process for a non-formulary drug. He sited IC-27-13-38-1(b)2. Health maintenance organizations that maintain one or more drug formularies shall do the following: Establish and maintain an expeditious process or procedure that allows enrollees to obtain, without penalty or additional cost sharing beyond that provided in the enrollees' covered benefits with that HMO coverage, a specific medically necessary and appropriate non-formulary drug or device without prior approval from the HMO.
ATTACHMENT 4.3 --continued--

Dr. Mychaskiw felt that a more patient-centered focus on what happened to members after the 72-hour supply was given was a concern of the State and of the Board. It should be a top concern of the MCOs. Ms. Perry added that it could have cost impact.

Mr. Musial asked for a monthly report from each MCO on how many 72-hour fills occurred, how many of those members discontinued therapy after the 72-hour fill, how many changed to a different agent to continue therapy, and how many received a PA to continued therapy. Dr. Smith asked to expand that to include how many members had subsequent ER visits, hospitalizations, or office visits to get an idea of the cost shifting involved.

Dr. Treadwell asked that in addition to Ms. Perry's request for a timeline, some definitions as to what the "after hours" were, and to include when there should be a live voice so it could be reported back when there was not one. Ms. Perry and Dr. Lindstrom asked to the credentials of the people in the medical management group. Dr. Amstutz replied that anytime a service or medication was denied, there was a decision by a physician involved. Dr. Lindstrom asked for the credentials of the persons on the initial phone calls and what their abilities were to carry on conversations and influence prescribers. Dr. Treadwell discussed one of her cases where the patient did not receive their medication. She added that she had submitted the information to Ms. Bella. Mr. Barth stated that he had three people look into that case. He asked to be continually informed as these issues came up so that he could address them individually and to work together with all the involved parties. He added that the risk-based managed care members were actually being provided with more services, that all the health plans offered opportunities for their members that were not available in any other service.

Dr. Crowe then presented ACS' PA and grievance processes. He offered to run a report on the 72-hour supply data for the month of January and present it next month. He reviewed documents presented to the Board that broke down the PA process onto two different sheets. One sheet followed physicians' calls and the other followed pharmacists' calls. He reported the call center hours were between 8 am to 8 pm, Monday through Friday, and explained the phone tree that routes the caller to the correct personnel, either a pharmacist or a pharmacy technician, with a voice mail option. He pointed out that the average hold-time was between 30 to 45 seconds to speak with a live voice. The process then involved a patient profile review with the physician, physician representative, or pharmacist and a clinical discussion concerning therapeutic PDL alternatives. The physician would make a clinical decision to either switch to the alternative or request prior authorization. The ACS pharmacist would document any medical justification given by the physician or their representative, issue the prior authorization for up to one year, and close the case. When a pharmacist called, they went through the same decision phone tree. If the call was about non-PDL requests, step edits, plan limitations, drug-drug interactions or therapeutic duplications, they were instructed to notify the prescriber to call back to the call center. If the request involved high dose, 34-day supply, early refill or high dose edits and the PA criteria were met, the pharmacist or pharmacy technician would enter a PA for up to one year and close the case.

Dr. Smith asked about getting this information to the pharmacies. He suggested e-mail or faxing. Dr. Crowe replied he would look into the best way to get this information out. He stated there had been a banner page on the 72-hour supply procedure, updates to the provider manual, and a number of meetings regarding that. Mr. Shirley added that it was also on the web, in three-week ATTACHMENT 4.3 --continued--

cycles, banner pages, and quarterly bulletin updates. He advised that he also supplied the professional associations with the information. He suggested adding the information to the DUR Board newsletter and including the diagram. He clarified that the 72-hour emergency supply process did not require a phone call. The pharmacist only needed to

correctly identify the claim as emergency for it to adjudicate a 72-hour supply. Dr. Smith asked if pharmacies could be faxed this information. Mr. Musial commented that could be a problem contractually, when the PBM had an agreement with a pharmacy chain to contact it only through the corporate headquarters. Dr. Wernert thanked everyone for putting all the PA process information together.

Mr. Musial had a letter from a manufacturer announcing a new dosage form for their product, but it was not a new entity and required no Board action. Dr. Wernert offered some letters from physician's concerning Vigamox® for the Board's information. Dr Lindstrom asked for the MCOs' process for adding new drugs to their formularies. Dr. Wernert suggested making it a standing item for the next meeting and asked Dr. Lindstrom to send Mr. Barth a formal question in advance to be addressed in his monthly DUR Board presentation. Ms. Perry added a formal request for a study on the compliance issue.

Dr. Wilson, Liaison, reported that the State Board of Pharmacy was going to vote on the counseling rule, one of the key provisions of OBRA 90. All who had participated in the process believed it would facilitate conversation between pharmacists and patients, thus making drug therapies much more efficient.

April 2004

Ms. Bella shared with the Board that the Office was working on gaining knowledge about the Medicare drug card that would roll out in June 2004 and the subsequent Medicare drug benefit that would be starting in 2006. She shared that the Prescription Drug Advisory (PDA) Committee within the Hoosier RX Program was working on a set of recommendations of how the drug card and the Hoosier RX Program would work together. Ms. Bella explained the relationship between Medicaid and Medicare concerning prescription drugs and the current eligibility criteria for the Hoosier Rx Program and what should happen to the drug benefit in 2006. The federal government would be taking over the pharmacy benefit for all dual eligibles, but the State would pay them back 90% the first year, backing off to 75% over a 10-year period. Ms Bella answered that the PDA Committee was with the Hoosier Rx Program (not a Medicaid Program), which had no formulary or PDL. She explained the point-of-sale benefit card and that it was accepted at all pharmacies that took Medicaid, with ACS acting as the PBM.

Dr. Jason Crowe, ACS, gave the presentation dates for the quarterly assessment reports for the Retrospective Clinical Programs (IBM, TAI, RetroDUR) for June and October in 2003.
Dr. Crowe discussed ACS' preliminary findings from the 72-hour Emergency Supply Analysis. While quite a few emergency supplies dispensed were for chronic medications, there were many acute medications. Another issue was how to determine if prescribers switched therapy across a therapeutic class. Dr. Crowe suggested ACS using a random sample of 100 patients with 72-hour emergency supplies (pulled from the >3,500 identified) and doing profile reviews for January and February 2004 to get a trend

analysis. Allison Barnett, ACS, presented the March 2004 prior authorization statistics for the DUR call center.

ATTACHMENT 4.3 --continued—

Melanie Bella, OMPP Director, introduced a program implemented by Comprehensive Neurosciences (CNS) in several other states designed to improve quality and utilization of behavioral health medications. The program used evidence-based guidelines and looked at prescribing patterns, utilization, medication compliance, and then took an educational approach to addressing some of those issues. Ms. Bella introduced Greg Bandor, CNS, to assist with the presentation. He said the CNS program had been well received by all the different players, including the advocacy groups. The ultimate goal of the program was to improve the effectiveness of the practice of prescribing behavioral health drugs. CNS looked at quality indicators that identified about 600 prescribers in Indiana who were prescribing behavioral health drugs outside of guidelines. Ms. Bella explained that CNS was interfacing with ACS so as not to duplicate efforts. The Office would be designing the program in such a way as to answer those questions with a methodology similar to what the Board approved with the PDL, looking at medical utilization.

John Barth, Managed Care Director, OMPP, followed up on a few items from last month's meeting. Concerning credentials, both Harmony and MHS had a pharmacist and nurse on the front line to address pharmacy issues and MDWise had a registered nurse. Any denials from those people required a physician's input. He addressed the 72-hour emergency dispense data requested by stating that they would replicate ACS's methodology exactly across each health plan. All new drug products were routinely reviewed by each health plan as they were released. The MCOs looked at relevance (importance to the membership), population numbers, and new therapies. The Board agreed that 60 days was adequate for new drug reviews and decisions made to review or not review reformulations of existing agents for addition to the PDL.

Dr. Wilson reported that the State Board of Pharmacy voted last Monday to approve the new patient counseling rule requiring more than the statement "do you have any questions for the pharmacist". This would begin early April.

Mr. Musial asked about prior authorization for non-PDL drugs in the long-term care arena. Dr. Crowe stated that all PAs requests for non-PDL prescription drugs would need to be from a prescriber to allow for consideration of the PDL alternative. Dr. Lindstrom asked about the transitioning of patients from fee-for-service to MCO. Dr. Crowe replied that a data pool of patients currently on PA drugs existed, so there should be a seamless transition from fee-for-service to MCOs.

May 2004

Marc Shirley mentioned the banner-page provider notification for the implementation of the non-sedating antihistamines PDL provisions, effective June 17. John Barth, Managed Care Director of OMPP, noted that there was a process in place to ensure that PAs transitioned from fee-for-service to Risk Based Managed Care as counties moved

from one setting to the other. Mr. Barth explained that the MCOs used a documented history of failure of a drug to satisfy the "fail first" requirements. That would be sufficient for a patient to remain on a non-PDL drug. David George, Clinical Service Manager, ACS, presented the following Therapeutic Committee recommendations. The Board approved the Committee's recommendations.

Jason Crowe, ACS, presented an initiative for both IBM and TAI Programs. The focus was on nasal corticosteroids that have a higher cost to the program, net of federal rebates, than other available agents do. Prescribers would be asked to use less expensive agents such as Nasalide®, Nasarel®, Beconase AQ®, or flunisolide spray. The initiative was approved.

Dr. Lindstrom asked ACS to determine how many requests for PAs for mast cell stabilizers were for Patanol®.

Melanie Bella presented to the Board a report analysis of the first cycle of the PDL. The report showed continued opportunities to strengthen the PDL. She stated that the PDL was working clinically as well as in a cost prospective. Dr. Lindstrom wanted to clarify the definition of "PDL Neutral". Mr. George said that information regarding PDL neutral drugs were on the PDL website. Dr. Lindstrom questioned if the cost of the program was included in a report. Ms. Bella noted that ACS was paid for any array of services that included administering the PDL, IBM, TAI, claims processing, rebates, audits, etc and no breakout detail of each cost was available. Dr. Lindstrom requested a report to isolate the effect the costs of the PDL, IBM, TAI, etc programs had on cost savings.

June 2004

Ms. Bella spoke of the PDL Study. The office was pleased with the outcome of the PDL Study and believed that the PDL Study was a good first step. The 2004 PDL Study had three recommendations, which the Board approved for future action:

To analyze the existing PDL classes and drugs within each class for additional improvement opportunities;
To look at drug classes that could be incorporated into the PDL;
To implement a supplemental rebate program to provide further savings.

The Preferred Drug List process would remain intact, meaning that drugs were reviewed first for clinical efficacy, then the financial aspects with any rebates would be included. The process stressed to all parties that the first bid should be the best bid. During the Therapeutics Committee review process, the Committee would get clinical and rebate (total cost) information as well as a formal recommendation by ACS. The PDL Report showed that with the Supplemental Rebate Program, OMPP had the opportunity to be a more effective purchaser in several drug classes. Ms. Bella offered to send the Board members a one-page summary of the report. The report would be posted on the website and sent to Julie Newland for distribution to the members of the Indiana PhRMA Task Force. Ms. Bella discussed the details of the PhRMA Task Force meeting held the previous week. During the meeting, Comprehensive NeuroScience (CNS) gave an overview of the Mental Health Partnership Project.

Dr. Eskew asked that ACS and OMPP work to communicate any PDL change to the providers, and that the communications should provide the reasoning behind any PDL changes. He also asked that OMPP look into how to make the PDL a more useable tool. Ms. Bella explained that the Therapeutics Committee would have access to all available information as well as a recommendation from ACS for each Therapeutic Class Review. She addressed PDL stability by noting that the supplemental rebate bids were for one year and PDL reviews were conducted twice yearly (one total review, and one review of clinical information only).
ATTACHMENT 4.3 --continued--

Mr. George presented the annual CMS report for FFY 2003. Mr. George provided follow-up information on the number of PA's approved for Patanol® compared to other drugs in that drug class, revealing that 54% of all PA's in this class were for Patanol® products. He announced that the next OTC Drug Formulary would be presented to the Therapeutics Committee in the same manner as the Therapeutic Class Reviews (same process used during the PDL evaluations). He added the MAC rate for miconazole would be evaluated as part of the review process. The OTC Drug Formulary would be made available in a downloadable (Excel) format on the Indiana PBM website. He then reported on the PA statistics for the month of May. Attention was focused on the ProDUR PA activity:

Early refills (ER)- 4,663 PA's requested;
Therapeutic Duplication (TD)- 2,899 PA's requested;
High Dose (HD)- 1,193 PA's requested.

The PDL PA related activity was:

PPIs- 1,432 PA's requested;
COX-II- 616 PA's requested;
ARBS- 558 PA's requested.

Mr. Sharp informed the DUR Board of the effort to maximize resources, which included changes to the HD and TD ProDUR edits. The edits had been moved from a hard alert status to a soft alert status. That allowed ACS to include the PDL recommendations on non-sedating antihistamines.

Mr. George informed the board of the topics discussed at the Indiana Pharmacist Alliance. The meeting focused on the availability of Prilosec® OTC. The manufacturer was currently having supply and demand problems. ACS was working with pharmacies to prevent any access issues with patients trying to obtain medications in this class of drug. The IPA members also discussed the PA process with respect to the Clinical Call Center. Specifically, the IPA members requested the TCP pharmacist remain on the call until the PA associated claim had posted as paid.

Mr. George requested that the DUR Board change the status of ciprofloxacin from non-preferred to preferred status, since many generics would soon be available. The non-preferred status was based on high cost associated with 6-month exclusivity rules for generics. Since exclusivity was no longer an issue, the product should be made

preferred. A motion to approve the ciprofloxacin in conjunction with Cipro® (brand name) as a preferred product was approved.

July 2004

Ms. Melanie Bella, OMPP Director, had three items to discuss. She shared with the Board that the Office officially closed out the state fiscal year 2004 on June 30th. The second item addressed was the managed care issue. She informed the Board that the RFPs were out for the new managed care organizations. The last item was supplemental rebates.

Mr. David George, ACS, presented the 1st quarter 2004 DUR Board Newsletter. Mr. George shared the topics that were addressed in the quarterly newsletter, which included:

Distinguishing between sulfa allergies;
Top 25 drugs for the quarter;
Evidence based pharmacotherapy for asthma;
BMN rules;
New drugs in 2004.

ATTACHMENT 4.3 --continued--

Mr. George presented the Prior Authorization statistics for June. He commented that Indiana had a very aggressive Prior Authorization program. He felt that Indiana had comparable data to other states in the ProDUR edit areas of early refill, drug interactions, and therapeutic duplication. He also highlighted the PDL-related edit areas of PPIs, ARBs, and NSAs. Mr. George presented the suggested clinical interventions for the month of August for the IBM and TAI programs. One focused on the chronic utilization of Vioxx® 50mg (for greater than seven days), which exceeded the FDA guidelines of five day. The other targeted greater than once daily dosing of COX II inhibitors, which exceeded FDA Guidelines for osteoarthritis. He asked to have literature sources quoted to back up the statement "according to FDA guidelines, use of Vioxx® for more than five days in the management of pain has not been studied and chronic utilization of Vioxx® 50mg daily was not recommended". Dr. Wernert expressed concerns about targeting Celebrex® and Bextra® twice a day usage and suggested the intervention target just Vioxx®. Mr. George replied that the intervention targeted the osteoarthritis indication for once daily dosing of all COX II Inhibitors. There was no action taken by the Board.

John Barth, Managed Care Director, OMPP, introduced Rhonda Herout, the pharmacy director from Harmony Health Plan, who spoke about a PDL change request. She shared that there were two proposed clinical step-edits as well as seven new additions to the PDL. One step-edit was for the leukotriene modulators, which encouraged the use of first-line agents in asthma treatment consistent with 2002 guidelines. Ms. Herout replied that as long as there was no gap in corticosteroid and beta agonist therapy (refills greater than 45 days apart) they would be able to continue without prior authorization. The Board felt the wording needed to be changed from "corticosteroid and beta agonist"

to "corticosteroid and/or beta agonist" and remove the "within 45 days" period. The second step-edit was for the antibiotics Augmentin®, Augmentin® ES, Zithromax®, and Omnicef® with the goal of driving use to first line antibiotics, primarily for the treatment of sinusitis and acute otitis media. Mr. Barth then presented the 72-hour emergency supply analysis with the help of David George, ACS. Mr. George reviewed the sampling analysis conducted by ACS of a 100-claim sample. He noted that a large number of those claims were attributed to long-term care patients receiving starting doses from emergency supply boxes maintained at the facilities. The results showed 57% of the sample had no lapse in therapy and 2% were data entry errors made by the dispensing pharmacy. For non-PDL agents, 9% were changed from a non-PDL agent to a PDL agent with no lapse in therapy. 10% change to a PDL agent within 1-3 days, 6% within 4-7 days, 6% within 10-12 days, and 2% within 20-25 days. 6% which were granted a PA for the non-PDL agent with no lapse in therapy, 1% with a lapse of 4-7 days, and 1% with a lapse of 27 days.

August 2004

Ms. Melanie Bella, OMPP director, had four items to discuss. Her first item was a supplemental rebate update. The Office received supplemental rebate bids during the first week in August.
The second item addressed was pharmacy claims processing. She reminded the Board that claims processing had been transitioned from their fiscal agent -EDS to their PBM agent – ACS in March 2003 to manage the clinical benefit and achieve cost savings. ACS would continue as the PBM, servicing the clinical component, supporting supplemental rebates, the DUR Board, and the Therapeutics Committee. She mentioned that EDS had enhanced functionality in claims processing from before, to a table driven system, which should mean making changes would be
ATTACHMENT 4.3 --continued--

quicker and easier, reducing cost and resources. The third item was a quick update on the Medicare drug benefit and drug card. The last item was new nameplates for the Board. She showed a sample and thanked the Board for prompting her to get that done.

Mr. Mike Sharp, ACS, presented a follow-up on the 72-hours supply analysis requested by the Board at last month's meeting. The report showed the types of drugs subject to the edit denying the claim, subsequent claims and the associated expense. He also presented the Prior Authorization statistics for July. The new report format presented the data in the fashion suggested by the Board, which showed last year's figures in addition to the previous month's. He noted that there had been a decrease in early refill, high dose and therapeutic duplication PAs.
Mr. Sharp presented the suggested clinical interventions for the month of September for the IBM and TAI programs. He clarified that the IBM program was an outbound phone call and TAI was a face-to-face visit. The first initiative focused on patients with three or more prescribers of narcotic analgesics from June 1st to July 31st. Mr. Smith asked if having profiles with other physician's names on it would get past HIPAA. Mr. Sharp replied that this was really a coordination of care issue, to identify any of those patients

out narcotic shopping, so that appropriate communication could take place between prescribers. Dr. Ceh asked if Soma® was included in the list of drugs. Mr. Sharp replied that it had not been, since it was non-PDL and required a PA. Dr. Irick suggested doing a similar initiative on benzodiazepines. The motion for approval of the initiative carried with a unanimous vote. The second initiative was a dose optimization targeting greater than once daily dosing of Vioxx®. It targeted patients who received more than one unit per day for two months out of three with the goal of moving patients to once-a-day dosing. He stated that the average cost savings would be about $102 per patient.

Mr. Musial asked if there was a minimum length of therapy established that allowed for titration of dose. Mr. Sharp answered that a patient would have to have received greater than 30 doses to be targeted. The motion to approved the initiative passed unanimously.

Lastly, Mr. Sharp presented the DUR Board Newsletter for comments and approval. Dr. Irick commented the newsletter was boring, too much like reading a pharmacology text. He suggested moving the chart up closer to the article. Dr. Ceh suggested using bullet points. Mr. Musial suggested using a synopsis or an abstract format. Dr. Irick and Professor Wilson pointed out some spelling errors. Dr. Ceh noted that the table on page five needed a title. Dr. Wernert suggested including the names and titles of the members of the Board on a newsletter titled the Indiana Medicaid Drug Utilization Review Board Newsletter. Dr. Eskew suggested future newsletters have something about spending and cost savings due to Board activity. Dr. Irick liked the idea of a mini CME without the points and information on new drugs. Mr. Sharp offered to take all the suggestions and create a template for future newsletters. Mr. Musial offered to assist. The motion to approve the current newsletter with the grammatical corrections passed unanimously.

John Barth, Managed Care Director, OMPP, had two updates to deliver. The first was on the progress of the 2005 procurement of new health plans. They had six bidders to serve Hoosier Healthwise as risk based health plans, the three incumbents—Harmony, MDWise, and MHS—and three new bidders—Malina, out of Long Beach, CA; Caresource, out of Dayton, OH; and Amerigroup, out of Chicago, IL. The plan would be - any incumbent health plan that continued would bring their PDLs to the October Board meeting for review. Any new health plans would bring their PDLs to the November Board meeting for review. The second update concerned
ATTACHMENT 4.3 --continued--

Public Law 228, which required the Office to submit reports for the risk-based healthcare plans. One of these reports was the comparison document, which compared the fee-for-service PDL with the three MCO plans. That report had been updated and would be ready for the next meeting. There was also a PA report to be presented at the same time. Mr. Musial asked for preliminary copies of the MCO's new PDLs. Mr. Barth replied he would not have them until after contract negotiations had been completed and the PDLs compiled.

Dr. Irick offered a comment on the new DEA handbook on opioid prescribing and handling. He offered a link to the University of Wisconsin's Pain and Policy Studies Group that he felt was very practical.

September 2004

Mr. Brian Musial informed the Board that this was the first Therapeutics Committee meeting where supplemental rebate information was included in the PDL deliberations. The ACS model, which described the market share shift and predicted cost changes, incorporated those rebates. It was the tool used by the Committee during the executive session to assist in the decision making process. The Committee reviewed five therapeutic classes and offered the following recommendations on each individual class: Asthma/Allergy; Anti-Infectives

Cardiovascular; Lipotropics; and, Triptans

Dr. Meng Yang, clinical information pharmacist from ACS, discussed the OTC Formulary Update in which additions and deletions were explained and then approved. Dr. Yang then presented the suggested clinical interventions for the month of October for the IBM, TAI and RetroDUR programs. The intervention looked at poly-prescribers of benzodiazepines but there were not enough patients identified. The idea was expanded to include all controlled substances and patients filling them at multiple pharmacies. It was called poly-pharmacy of controlled substances. The Board approved the initiative.

Jay Weaver, ACS, presented the Prior Authorization statistics for August with a new report format, which showed last year's figures in addition to the previous month.

John Barth, Managed Care Director, OMPP, delivered three updates. The first addressed a letter from Melanie Bella and Steve McCaffrey referencing a form to be used by the behavioral health providers and the physical health providers in the Hoosier Healthwise and Medicaid Select MCOs that encouraged the sharing of information. The second matter concerned the six MCOs who would be submitting their PDLs to the DUR Board for review beginning next month and finishing up in November. The PDLs from Caresource, Malina, and Amerigroup would follow in advance of the November meeting. The last update concerned Public Law 228, which required the Office to submit reports for the risk-based healthcare plans that provided a review of the prescription drug programs of all the MCOs. He presented two reports, a comparison document that compared the fee-for-service PDLs of the three MCO plans and a list of the PA documentation. Dr. Irick commented that the prior authorization process worked well for his practice after he sent his staff to the information seminar. The 72-hour emergency dispense rule would be a monthly agenda item, as agreed by Dr. Wernert.

ATTACHMENT 4.4 DUR BOARD NEWSLETTERS

OCTOBER 2003 and NOVEMBER 2004

October 2003
Volume 6, Issue 3

DRAFT

Inside this Issue

Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

Indiana Medicaid Drug Utilization Review Board Newsletter

Clinical Topic 1:

Common Cold and Flu

Each year millions of Americans present symptoms of the common cold or flu at the physician's office and receive antibiotic treatment. However, viruses are the cause of the common cold and flu. The usage of antibiotics, in most cases, provides more psychological comfort for patients than actual effects against the disease. In fact, over-the-counter medications and/or vaccination are sufficient to combat the cold and flu.

Based on statistics from the American Lung Association, children have about 6-8 colds a year, and adults average 2-4 colds a year. There are more than 200 different viruses known to cause symptoms of the common cold. Rhinoviruses are responsible for more than half of the colds, but they seldom produce serious illnesses. Other viruses, such as parainfluenza and respiratory syncytial virus, may produce mild infections in adults and more severe lower respiratory infections in young children. The general principle in treating common colds is symptom relief, which can be achieved by antihistamines for sneezing and runny nose (such as chlorpheniramine tablets and syrup, diphenhydramine capsules and elixir), analgesics for aches and fever (acetaminophen, ibuprofen), decongestants for stuffy nose (pseudoephedrine), or cough suppressants (guaifenesin with dextromethorphan).

Flu is a more severe illness than the common cold. Unlike the common cold, influenza typically causes fever, muscle aches, and a more severe cough. However, symptoms of mild cases of influenza are similar to colds. Each year, influenza affects 10 to 20% of the U.S. population. Vaccination is the primary measure for preventing morbidity and mortality from influenza. The American Academy of Family Physicians and American Academy of Pediatrics recommended that adults aged 50 years or older and children aged 6 to 18 months receive an annual influenza vaccination. High risk individuals aged 19 to 49 years should also receive the immunization. High-risk individuals include, but are not limited to, asthma patients, patients with chronic disorders requiring frequent medical follow-up (such as diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression), women who are in the second or third trimester of pregnancy during the influenza season, and health care workers. The vaccines are available as an injection as well as the recently approved intranasal spray, FluMist. Antiviral treatments such as amantadine, rimantadine and neuraminidase inhibitors (Relenza and Tamiflu) are additional tools to treat influenza. However, for these drugs to be effective the diagnosis must be made and treatment must be initiated within 48 hours of symptom onset.

Despite the lack of evidence supporting the efficacy of antibiotic agents in treating cold and flu, antibiotics are still frequently prescribed for patients presenting such symptoms. Far from being a harmless practice, prescribing antibiotics for conditions that have no proven benefit of such therapy contributes to serious consequences: the development of antimicrobial resistance and an unnecessary cost to patients and health care system. Today, avoidance of inappropriate antibiotic use and prevention of antibiotic resistance are among the top concerns of public health officials. After decades of antibiotic research and development, we are still engaged in the very same battle with

This newsletter has been prepared by the Indiana Medicaid DUR Board, the OMPP, and ACS-Inc. Please forward any comments or suggestions to the Indiana Medicaid DUR Board

bacteria. Many bacterial infections in the United States and throughout the world are becoming resistant to antibiotic therapy. The Center for Disease Control and Prevention (CDC) has launched a campaign to fight antibiotic resistance. The following websites provide information for the CDC program and practice guidelines:

- Promoting Appropriate Antibiotic Use in the Community http://www.cdc.gov/drugresistance/community/
- Active Bacterial Core Surveillance (ABCs) http://www.cdc.gov/abcs
- National Immunization Program http://www.cdc.gov/nip
- Principles of Judicious Use of Antimicrobial Agents for Pediatric Upper Respiratory Tract Infections http://pediatrics.aappublications.org/cgi/content/full/101/1/S1/163?ijkey=r6Ule0RunMrG/Q&keytype=ref&siteid=pediatrics
- Principles of Appropriate Antibiotic Use for Treatment of Acute Respiratory Tract Infections in Adults: Background, Specific Aims, and Methods http://www.annals.org/cgi/content/full/134/6/479

Clinical Topic 2:

Appropriate Use of Skeletal Muscle Relaxants

Skeletal muscle relaxants (SMRs) are indicated for the treatment of muscle spasm and spasticity. The mechanisms of action of the agents in this class are widely varied, and many are not thoroughly understood. One method by which SMRs exert an effect is interneuronal blockade at the level of the spinal cord. Additionally, these agents have CNS depressant properties that may contribute to, or are mainly responsible for, the skeletal muscle relaxant activity. The CNS depressive mechanism also limits this class' use due to a high incidence of sedation.

Baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol and orphenadrine all have the indication to treat muscle spasm. For most of the agents, treatment of muscle spasm should be limited to two or three weeks. It is important to encourage proper utilization of these agents because skeletal muscle relaxants, such as carisoprodol and methocarbamol, have been associated with abuse and addiction; therefore, patients should adhere to the suggested dosages for these agents (Table 1). Baclofen, dantrolene and tizanidine have the indication to treat spasticity. These agents may be used for longer periods of time and may play a role in improving the functional status of patients as well as managing the symptoms associated with spasticity. More evidence is warranted to establish whether these agents consistently modify overall disability or improve quality of life.

Although some of these agents (e.g., metaxalone) are presumed to have less pronounced sedative effects than others, all of the SMRs are capable of producing some degree of CNS depression. Potentially hazardous tasks and tasks requiring alertness and/or coordination (such as driving and athletics) should be avoided by patients who are using these drugs. Concomitant use of alcohol or other CNS depressants should be avoided when taking any of these medications.

Skeletal muscle relaxants are a class of drugs whose place in therapy is disputed due to their adverse effect profile and lack of well-designed studies to demonstrate consistent improvement in patients' functional status. These medications can be efficacious when used judiciously. They should not be a substitute for rest, exercise, physical therapy or proper doses of effective analgesics, but rather serve as adjunctive, short-term therapy. Additionally, there is little evidence that demonstrates additional benefit of combination SMR therapy; therefore, concurrent use of multiple muscle relaxants should be avoided. Providers should monitor for adverse effects, abuse, and tolerance in patients.

Table 1. Appropriate dosage and administration of skeletal muscle relaxants

Drug	Adult Dosage and Administration
Baclofen	Titrate slowly up to 40-80 mg/day po given in 3-4 divided doses.
Carisoprodol	350 mg 3 or 4 times daily; take the last dose at bedtime.
Chlorzoxazone	250-500 mg given TID-QID; doses up to 750 mg TID-QID may be given for severe muscle spasm.
Cyclobenzaprine HCl	5-10 mg TID; do not exceed 60 mg/day. Do not use longer than 2 or 3 weeks.
Dantrolene sodium	25-100 mg BID-QID; maximum dosage is 400 mg/day.
Metaxalone	800 mg TID-QID
Methocarbamol	1.5 g QID for 2-3 days
Orphenadrine citrate	100 mg QAM and QPM
Tizanidine HCl	8 mg TID-QID; maximum dosage is 36 mg/day.

Preferred Drug List Re-review

PDL Re-Review Schedule

A complete re-review of the Indiana Preferred Drug List by the Therapeutics Committee is scheduled to take place on the following dates:

- November 7, 2003
- February 4, 2004

Questions About the PDL

Providers who wish to know more about the PDL are encouraged to refer to the Indiana PBM Web site, www.indianapbm.com. The Indiana PBM website contains specific information about the PDL and the PDL process.

Also, PDL bulletins can be found at www.indianamedicaid.com. For questions about the PDL, please call the ACS – State Health Care Clinical Call Center at **1-866-879-0106**.

DUR Board Members

The 2003 DUR Board members are as follows:

Terry Lindstrom, Ph.D.
Chairperson, Pharmacologist

John J. Wernert, M.D.
Vice-Chairperson, Physician

Patricia Treadwell, M.D.
Physician

Marc Shirley, R.Ph.
OMPP Representative-Ex Officio

Neil Irick, M.D.
Physician

Philip N. Eskew, Jr., M.D.
Physician

G. Thomas Wilson, B.S. Pharm., J.D.
Pharmacist

Thomas A. Smith, P.D., M.S.
Pharmacist

Paula J. Ceh, Pharm.D.
Pharmacist

Brian Musial, R.Ph.
Pharmacist

Marko Mychaskiw, R.Ph., Ph.D.
Health Economist

Vicki Perry
HMO Representative

The DUR Board meets once a month. Dates, locations, and agendas for upcoming meetings are published on the DUR Board Web site. The Web site also allows readers to submit comments to the Board via e-mail. To access the DUR Board Web site, go to the IHCP Web site at www.indianamedicaid.com. Position the cursor to the Pharmacy Services button, found on the top bar of the IHCP's homepage, to highlight menu selections. Readers can access information pertaining to bulletins and the latest news involving the IHCP pharmacy benefit, as well as DUR Board information, by clicking the appropriate listing from the menu.

Top 25 Drugs Third Quarter 2003

The following table lists the drugs ranked by total amount paid for the first quarter of 2003 for prescriptions dispensed to non-risk based IHCP members.

Top 25 Drugs by Total Amount Paid

DRUG	TOTAL PAID	TOTAL CLAIMS
ZYPREXA	**$10,376,406.67**	35,174
RISPERDAL	**$6,443,106.13**	36,362
PROTONIX	**$4,724,572.60**	49,078
SEROQUEL	**$4,644,219.16**	24,700
DEPAKOTE (AND GENERIC)	**$3,491,265.32**	30,813
NEURONTIN (AND GENERIC)	**$3,244,837.12**	27,306
ZOLOFT	**$3,015,944.19**	35,383
LIPITOR	**$2,970,871.37**	35,475
ALLEGRA	**$2,550,612.66**	41,425
DURAGESIC	**$2,502,204.01**	13,507
OXYCODONE (OXYCONTIN AND OTHERS)	**$2,462,446.84**	12,537
PAXIL	**$2,180,490.70**	25,263
PLAVIX	**$2,138,503.73**	19,362
NOVOSEVEN	**$2,086,110.79**	115
ZOCOR	**$2,062,319.73**	17,624
TOPAMAX	**$2,021,046.30**	10,921
EFFEXOR (AND XR)	**$1,920,779.03**	17,894
ABILIFY	**$1,864,999.89**	6,603
ACTOS	**$1,700,458.22**	9,661
ADVAIR	**$1,633,398.97**	11,826
SINGULAIR	**$1,624,695.69**	20,291
WELLBUTRIN (AND SR, XL)	**$1,536,368.37**	16,374
ARICEPT	**$1,410,486.65**	11,194
METHYLEPHENIDATE (CONCERTA AND OTHERS)	**$1,386,265.50**	21,633
PROZAC (AND GENERICS)	**$1,337,509.60**	23,261

Indiana Medicaid Drug Utilization Review Board Newsletter

November 2004

Volume 7 Issue 1

Inside this Issue

Indiana Medicaid DUR Board
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Distinguishing Between "Sulfa" Allergies

Confusion may arise when patients are labeled as having a "sulfa" allergy. This usually refers to an allergy to the sulfonamide antibiotics. However, one cannot assume this is always the case, since other types of sulfur allergies to sulfites and sulfates exist. Many medications contain sulfonamide moieties. A detailed patient history including description of the hypersensitivity reaction is imperative to determine the severity of the allergy and to anticipate the potential for cross-allergenicity with other medications. It is important to distinguish between the different forms of sulfur.

Sulfur (S): An element with antifungal, antibacterial, scabicidal, and keratolytic properties. Sulfur is present in the hemoglobin of human blood and body tissue. Cross-allergenicity with sulfonamides has not been reported.

Sulfites (SO_3): Chemicals used as preservatives, antioxidants, and bleaching agents in foods and pharmaceutical preparations. Examples include sodium sulfite, sodium bisulfite, potassium bisulfite, and sulfur dioxide.

Sulfates (SO_4): Usually inactive chemicals that are used to make drugs more soluble. Examples include gentamicin sulfate and morphine sulfate. Allergies to sulfates are rare and these compounds do not appear to cross-react with sulfonamides.

Sulfonamides (SO_2NH): Derivatives of paraminobenzenesulfonamide. A sulfonamide group attached to a benzene ring characterizes antimicrobial sulfonamide structures.

The mechanism of sulfonamide hypersensitivity reactions is believed to differ from that of sulfites. It is thought that a specific metabolite rather than the intact drug may be responsible for most sulfonamide hypersensitive reactions. Sulfonamides are mainly metabolized by acetylation in the liver. Another pathway involves cytochrome P450 oxidation that can metabolize a small portion of the sulfonamide to a potentially toxic hydroxylamine metabolite. The amounts of the hydroxylamine metabolite an individual produces, as well as their ability to detoxify the product, may determine if the patient will have a hypersensitivity reaction.

Cross-allergenicity among the sulfonamides is unpredictable and the incidence has not been well defined. Reactions can occur in the presence of a sulfonamide structure itself. Therefore, other medications that contain a sulfonamide moiety may pose a risk to patients who have had an allergic reaction to sulfonamide antimicrobials. Patients who have had an allergic reaction to one antimicrobial may be at increased risk of experiencing hypersensitivity reactions to other dissimilar compounds. This makes it difficult to distinguish between an individual's sensitivity to multiple chemical agents and a true cross-allergenicity. Approximately 2% of patients who receive a sulfonamide will display a

hypersensitivity reaction immediately or more commonly after 7-10 days of therapy.

Manifestations

Dermatologic	Non-Dermatologic
Exfoliative Dermatitis	Headache
Urticarial Rash	Drug Fever
Stevens-Johnson Syndrome	Liver Necrosis
Erythema Multiforme	Nausea/Vomiting
Photosensitivity	Malaise

There have been a limited number of cases of cross-allergenicity reported between sulfonamide antimicrobials and medications with a similar structure. To add to the confusion, the labeling of sulfonamide-containing medications is inconsistent. Theoretically, these medications should be avoided in sulfonamide allergic patients. A list of common drugs that should be avoided or used with caution in sulfonamide sensitive patients is listed in table 7.5. This list may not be all-inclusive. Please refer to the manufacturer's prescribing information to confirm safe use of other agents in sulfonamide-allergic patients.

Many questions have come up regarding the use of COX-2 inhibitors in sulfonamide-allergic patients. The celecoxib and valdecoxib manufacturer states that these products are contraindicated in patients allergic to sulfonamides, based on the presence of a sulfonamide in the chemical structure. Therefore, it is prudent to avoid these products for these patients. Postmarketing surveillance has described hypersensitivity reactions and angioedema with both agents. There have been reports of fatalities as a result of Stevens-Johnson Syndrome and toxic epidermal necrolysis from valdecoxib use. These adverse reactions have occurred in valdecoxib-treated patients with or without a documented sulfonamide allergy.

Choosing a diuretic for a sulfonamide-allergic patient can be a challenge. Examples of diuretics that do not contain a sulfonamide moiety include amiloride, triamterene, eplerenone, and spironolactone. Spironolactone does contain a sulfur molecule in the structure but it is not a sulfonamide structure. Therefore, it would not be expected to generate a hypersensitivity reaction.

To date, the literature has not identified a cross-sensitivity between sulfite sensitive patients and sulfonamide-allergic patients. In addition, sulfates have a structure different from that of sulfonamides and sulfites and would not be expected to cross-react. Three potential mechanisms appear to be responsible for sulfite hypersensitivity, which are distinct from that of sulfonamide hypersensitivity reactions. It is important to note that if a sulfonamide-allergic patient is also sensitive to sulfites, they may be at increased risk of developing an allergic reaction to compounds related to both agents.

Hypersensitivity reactions generally occur when a sulfite-sensitive individual ingests 20-50mg of sulfite. Parenteral products often contain sulfites as preservatives in small enough quantities not likely to elicit a reaction, unless the individual is highly sensitive. Approximately 5% of asthmatic patients are sensitive to sulfites. Most metered does inhalers have been reformulated to remove the sulfites once present in these products. Controversy surrounds the use of anaphylactic kits, which often contain sulfite-preserved epinephrine products. These products should not be withheld from an individual experiencing an anaphylactic reaction if no sulfite-free products are available.

Clinical Pearls:

1. Cross-allergenicity among sulfonamide medications is unpredictable.
2. A documented sulfonamide allergy does not imply that all molecules containing sulfur in the structure are contraindicated.
3. Labeling a patient as "sulfonamide" or "sulfite" allergic is preferred over "sulfa" due to the confusion surrounding this term.
4. Patients with advanced HIV are often slow acetylators and glutathione deficient and therefore may be at increased risk of developing a hypersensitivity reaction.
5. To date, the literature has not identified a cross-sensitivity between sulfite sensitive patients and sulfonamide-allergic patients.
6. Generic versions of brand-name sulfite-free medications may contain sulfites as inactive ingredients.
7. Check all food and medication labels for inactive ingredients.
8. Sulfates are generally considered inactive and hypersensitivity reactions are very rare.

Evidence-Based Pharmacotherapy for Asthma

The National Asthma Education and Prevention Program (NAEPP) guidelines provide up-to-date asthma management recommendations, which are stratified according to the level of research evidence. The guidelines recommend inhaled corticosteroids as the preferred controller therapy for patients of all ages with persistent asthma of any severity.[1] Evidence indicates that regular use of inhaled corticosteroids, even at low doses, could prevent a large proportion of asthma-related hospitalizations and deaths.

Unfortunately, most patients do not use sufficient amounts of inhaled corticosteroids. The risk of exacerbations declines as the use of

Table 7.1 Stepwise Approach for Long-Term Asthma Pharmacotherapy (for adults and children older than 5 years of age)[1]

Severity Class	Medications Required To Maintain Long-Term Control
Step 4 Severe Persistent	High dose inhaled corticosteroid AND long-acting beta$_2$-agonist AND, if needed,
	Systemic corticosteroid long-term
Step 3 Moderate Persistent	Low-to-medium dose inhaled corticosteroid and long-acting beta$_2$-agonist OR
	Increase inhaled corticosteroid to medium dose range OR
	Low-to-medium dose inhaled corticosteroid and either leukotriene modifier or theophylline
Step 2 Mild Persistent	Low dose inhaled corticosteroid OR
	Cromolyn, leukotriene modifier, nedocromil, OR sustained-release theophylline
Step 1 Mild Intermittent	No daily medication needed
	(a course of systemic corticosteroids is recommended for severe exacerbations)

inhaled corticosteroids increases. Analysis of medication claim databases show that patients receive an average of only 2.2 canisters annually. To improve adherence, providers can educate patients about the benefits of long-term inhaled corticosteroid use.

How soon should inhaled corticosteroids be started in patients with mild persistent asthma? In patients with mild persistent asthma of recent onset, early intervention with an inhaled corticosteroid was shown to significantly decrease the risk of exacerbations, reduce the need for systemic corticosteroids, and improve asthma control. However, it remains to be determined whether inhaled corticosteroids or any other controller therapy can prevent irreversble airway obstruction associated with the natural progression of asthma. For patients with mild persistent asthma, leukotriene modifiers are an alternative controller medication to inhaled corticosteroids.

For patients with moderate persistent asthma, the preferred therapy is a low to medium dose of inhaled corticosteroid plus a long-acting beta$_2$-agonist. Evidence suggests that adding a long-acting beta$_2$-agonist may be more effective than raising the corticosteroid dose and helps to reduce the potential for corticosteroid-related adverse effects.

A stepwise approach for long-term asthma pharmacotherapy in adults and children (age > 5 years) is included in table 7.1.

Medication Mishaps

Accupril and Accutane. Both sound similar and look similar but are indicated for different uses. Medication errors partially arise from similar drug names, packaging, poor handwriting, misinterpretation of an abbreviated drug name, or incorrect data entered into a computer.

Look-alike drugs can cause up to 25 percent of medication errors. The FDA reported a recorded number of 400 deaths in January, 2002 due to medication errors. Sixteen percent (16%) of these errors were directly attributed to drugs with similar names.

Listed below are some commonly prescribed drugs that have similar sounding or look-alike names.

- Lamictal-Lamisil
- Atarax-Ativan
- Diovan-Zyban
- Vioxx-Zyvox
- Benylin-Benadryl
- prochlorperazine-trifluoperazine

Any and all medication mishaps should be reported to the FDA Medwatch Program (1-800-FDA-0178) or the U.S. Pharmacopeias Medication Errors Reporting Program at 1-800-23-ERROR.

Program Assistance

All questions regarding brand medically necessary should be directed to the ACS Pharmacy Services Helpdesk at 1-866-645-8344.

PDL Listing

The fee-for-service PDL listing may be found at the following website: http://www.indianapbm.com/Downloads/PDL%20update%207-09-04.pdf

Top 25 Drugs for First Quarter 2004

The following tables (7.2 and 7.3) list the drugs ranked by total amount paid and ranked by the total number of prescriptions for the first quarter of 2004.

Table 7.2
Top 25 Drugs 1st Quarter 2004
By Total Amount Paid

Drug	Total Paid	Total Claims
Zyprexa	$11,338,368	35549
Risperdal	$7,035,884	38184
Seroquel	$5,231,315	27787
Novoseven	$3,726,823	30
Depakote	$3,671,243	31512
Neurontin	$3,569,013	28662
Zoloft	$3,424,636	38472
Lipitor	$3,340,385	39026
Duragesic	$2,896,138	14761
Abilify	$2,767,218	9261
Protonix	$2,763,279	26632
Plavix	$2,515,302	21700
Oxycontin	$2,455,151	9584
Zocor	$2,296,108	18836
Allegra	$2,237,128	35246
Effexor	$2,221,059	19011
Topamax	$2,152,348	11283
Advair	$1,769,354	12861
Singulair	$1,732,399	21375
Aricept	$1,710,511	13389
Lexapro	$1,681,972	26277
Wellbutrin	$1,675,093	15044
Actos	$1,599,756	9719
Strattera	$1,459,853	15041
Zithromax	$1,444,363	34919

Table 7.3
Top 25 Drugs 1st Quarter 2004
Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	100194	$1,209,166
Furosemide	60709	$392,623
Albuterol	53882	$731,204
Ranitidine	47376	$476,941
Amoxicillin	41418	$453,081
Lipitor	39026	$3,340,385
Lisinopril	38581	$469,696
Zoloft	38472	$3,424,636
Risperdal	38184	$7,035,884
Alprazolam	37434	$284,024
Aspirin	36167	$28,867
Zyprexa	35549	$11,338,368
Allegra	35246	$2,237,128
Zithromax	34919	$1,444,363
Docusate	32853	$79,733
Propoxyphene N/APAP	31625	$320,575
Depakote	31512	$3,671,243
Potassium	30839	$570,997
Neurontin	28662	$3,569,013
Seroquel	27787	$5,231,315
Synthroid	27470	$453,127
Protonix	26632	$2,763,279
Lexapro	26277	$1,681,972
Norvasc	25472	$1,389,618
Lorazepam	23239	$237,717

New Drugs Approved by FDA for 1Q and 2Q 2004

Table 7.4 lists some of the new drugs approved by the FDA. The list does not include new dosage forms. New approvals with new dosage forms include: Acetadote, Apidra, Caduet, DepoDur, Enjuvia, Iquix, LidoSite, Menostar, Myfortic, Vitrase, Zegerid, and Zyprexa IntraMuscular.

Table 7.4
New Molecular Entities/Significant Biologicals

Alimta	Pemetrexed	An agent used in combination with cisplatin for mesothelioma
Apokyn	Apomorphine	A dopamine agonist for episodes of hypomobility in Parkinson's patients
Avastin	Bevacizumab	A monoclonal antibody for metastatic colorectal cancer
Erbitux	Cetuximab	A monoclonal antibody for metastatic colorectal cancer
Ketek	Telithromycin	A ketolide antibiotic for treatment of respiratory tract infections
Sanctura	Trospium	An antispasmodic/antimuscarinic agent for treatment of overactive bladder
Sensipar	Cinacalcet	A calcimimetic for hyperparathryoidism in dialysis patients and hypercalcemia secondary to parathryoid cancer
Spiriva	Tiotropium	Inhaled anticholinergic for once-daily maintenance treatment of COPD
Tindamax	Tinidazole	An antiprotozoal for treatment of trichomoniasis, giardiasis, intestinal amebiasis, and amebic liver abscess
Vidaza	Azacitidine	An antineoplastic for treatment of myelodysplastic syndrome
Xifaxan	Rifaximin	A non-systemic antibiotic for treatment of travelers' diarrhea

Table 7.5
Drugs to Avoid in Sulfonamide-Sensitive Patients

Drug Class	Examples	Mfr Labeling
Sulfonamides (systemic, ophthalmic, vaginal)	Silver sulfadiazine	Warning (topical preparations)
	Sulfamethoxazole	Contraindication
	Sulfacetamide	Contraindication
	Sulfadiazine	Contraindication
	Sulfadoxine	Contraindication
	Sulfapyrdine	Contraindication
	Sulfasoxizole	Contraindication
	Sulfasalazine	Contraindication
	Sulfanilamide	Contraindication (topical preps)
Sulfonylureas	Chlorpropamide	No warning of precaution
	Glipizide	No warning of precaution
	Glyburide	No warning of precaution
	Tolazamide	No warning of precaution
	Tolbutamide	No warning of precaution
	Glimepiride	No warning of precaution
Carbonic Anhydrase Inhibitors	Acetazolamide	Warning
	Dorzolamide	Warning (topical preps)
	Methazolamide	Warning
	Dichlorphenamide	No warning or precaution
	Brinzolamide	Warning (topical preps)
Diuretics (loop)	Furosemide	Precaution
	Bumetanide	Warning
	Torsemide	Contraindicated in patients with hypersensitivity to sulfonylurea
Diuretics (thiazide diuretics)	Hydrochlorothiazide	Contraindication
	Benzthiazide	Contraindication
	Chlorothiazide	Contraindication
	Chlorthalidone	Contraindication
	Indapamide	Contraindication
	Metolazone	Warning
NSAIDS	Celecoxib	Contraindication
Anticonvulsants	Zonisamide	Contraindication
HIV Agents	Amprenavir	Precaution
Sunscreens	PABA (para-aminobenzoic acid containing agents)	May vary with preparation used
Miscellaneous	Tamsulosin	No warning or precaution

[1] National Heart, Lung, and Blood Institute. *National Asthma Education and Prevention Program, Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma (Update on Selected Topic 2002).* http://www.nhlbi.nih.gov/guidelines/asthma/asthmafullrpt.pdf

ATTACHMENT 5

POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS

Indiana statute mandates substitution of a generically equivalent drug for a prescribed brand name drug, unless the prescribing practitioner properly indicates "Brand Medically Necessary" on the prescription and obtains prior authorization.

For your reference, copies of the Indiana generic substitution law, Indiana Administrative Code and Indiana Provider Bulletins on generic substitution are provided.

ATTACHMENT 5.1 Generics Utilization

Indiana Medicaid has one of the most rigorous State MAC programs in existence, ensuring that whenever possible therapeutically equivalent generic drugs are used in place of more expensive brand name alternatives.

Although not for the FFY period of time covered by this Annual Report, a recent ***(January 2005)*** *analysis of paid claims revealed the following:*

Generic substitution rate *("GSR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions where generic substitution is possible) was* ***93.3%.***

Generic dispensing rate *("GDR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions dispensed) was* ***57.4%*** *.*

Analysis of paid claims during ***the FFY 2004 date of service period*** *covered by this Annual Report, revealed the following:*

Generic substitution rate *("GSR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions where generic substitution is possible) was* ***89.1%****.*

Generic dispensing rate *("GDR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions dispensed) was* ***55.5%****.*

These figures approach or exceed those found in programs administered by commercial insurers, and it is the firm intent of the Indiana Medicaid program to ensure that these numbers are maintained or increased. This will be accomplished via vigorous and ongoing State MAC processes and procedures.

ATTACHMENT 5.2 GENERIC SUBSTITUTION LAW

Indiana Code 16-42-22 Drugs: Generic Drugs*

**Presented in its entirety for reference.*

16-42-22-1 "Brand name" defined

Sec. 1. As used in this chapter, "brand name" means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug's container, label, or wrappings at the time of packaging. As added by P.L.2-1993, SE .25.

16-42-22-3 "Customer" defined

Sec. 3. As used in this chapter, "customer means the individual for whom a prescription is written or the individual's representative. *As added by P>L>2-1993, SEC.25.*

16-42-22-4 "Generically equivalent drug product" defined

Sec. 4. (a) As used in this chapter, "generically equivalent drug product means a drug product

that contains an identical quantity of active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopoeia (USP) described in IC 16-4-19-2, or its supplements, as the prescribed brand name drug; and

if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.

- A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on July 1, 1987, as having actual or potential bioequivalence problems.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC 4.

16-42-22-4.5 "Practitioner" defined

Sec. 4.5. As used in this chapter, "practitioner means any of the following:

A licensed physician.

A dentist licensed to practice dentistry in Indiana

An optometrist who is licensed to practice optometry in Indiana; and

An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-33.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.5.

16-42-22-5 "Substitute" defined

Sec. 5. As used in this chapter, "substitute means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner. *As added by P.L.2-1993, SEC.25.*

16-42-22-5.5 Authorization to substitute only generically equivalent drug products

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.6.*

16-42-22-6 Prescription forms

Sec. 6. Each written prescription issued by a practitioner must have two(2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written . Under the blank line of the left side of the form must be printed the words "May substitute . *As added by P.L.2-1993, SEC.25.*

16-42-22-8 Substitution of generically equivalent drug products in non-Medicaid or Medicare prescription

Sec. 8. For substitution to occur for a prescription other than a prescription filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the practitioner must sign on the line under which the words "May substitute appear, and the pharmacist must inform the customer of substitution. This section does not authorize any substitution other than the substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.7.*

16-42-22-9 Transcription of practitioner's oral instructions to pharmacist

Sec. 9. If the practitioner communicates instructions to the pharmacist orally, the pharmacist shall indicate the instructions in the pharmacist's on handwriting on the written copy of the prescription order. *As added by P.L.2-1993, SEC.25.*

16-42-22-10 "Brand Medically Necessary" Traditional Medical or Medicare prescriptions

Sec. 10. (a) If a prescription is filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:

the words "Brand Medically Necessary are written in the practitioner's own writing on the form; or

the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.

- If a practitioner orally states that a generically equivalent drug

product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary instruction appropriately indicated in the physician's own handwriting.

- This section does not authorize any substitution other than substitution of a generically equivalent drug product.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.8.

ATTACHMENT 5.2 -- continued -- Generic Substitution Law

16-42-22-11 Substitution of generic drugs; identification of brand name drug

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines: "_____ Generic for _____ .
As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.1.

16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription

Sec. 12. The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.3 **ADMINISTRATIVE CODE** 405 IAC 5-24-8

Medicaid rule *405 IAC 5-24-8, Prior Authorization; brand name drugs*

405 IAC 5-24-8 Prior authorization: brand name drugs
Authority: IC 12-8-6-5: IC 12-15-1-10: IC 12-15-21-2

Affected; IC 12-13-7-3: IC 12-15

Sec. 8. a) Prior authorization is required for a brand name drug that:

Is subject to generic substitution under Indiana Law; and
The prescriber has indicated is "brand medically necessary" either orally or in writing on the prescription or drug order.

b) In order for prior authorization to be granted for a brand name drug in such instances, the prescriber must:

Indicate on the prescription or drug order, in the prescriber's own handwriting, the phrase "brand medically necessary"; and
Seek prior authorization by substantiating the medical necessity of the brand name drug as opposed to the less costly generic equivalent.

The prior authorization number assigned to the approved request must be included on the prescription or drug order issued by the prescriber or relayed to the dispensing pharmacist by the prescriber if the prescription is orally transmitted The office may exempt specific drugs or classes of drugs from the prior authorization requirement, based on cost or therapeutic considerations. Prior authorization will be determined in accordance with the provisions of 405 IC 5-3 and 42 U.S.C. 1206r-8(d)(5). (Office of the Secretary of Family and Social Services; 405 IAC 5-24-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3346: filed Sep 27, 1999, 8:55 a.m.: 23IR 319)

Attachment 6

DUR Program Evaluations:

Savings Analyses
Of
Indiana Medicaid
ProDUR & RetroDUR Programs

Prepared for:

State of Indiana
Office of Medicaid Policy and Planning

October 1, 2003 – September 30, 2004

Initial Draft Prepared by: Michelle Laster-Bradley, Ph.D., M.S., R.Ph

ACS State Healthcare Solutions©

By:
State of Indiana Office of Medicaid Policy and Planning

Approved by:
The State of Indiana Drug Utilization Review (DUR) Board

Executive Summary: Drug Use Review (DUR) Analyses

All drug treatments carry some possibility of adverse effects and drug-induced disease. Drug therapy is such an integral part of health care that the need to identify, prevent and monitor adverse drug effects is more critical than ever. The risk grows as patients receive treatment for multiple medical conditions. Drugs prescribed for one condition may conflict with those prescribed for other conditions. In addition, mis-prescribing and providing inappropriate drug therapy can also endanger patients' health just as much as adverse effects.

Many clinical factors influence prescription decisions, including the patient's health status, side effects reported by the patient or detected by the physician, and available alternative treatments. To prescribe appropriately, the practitioner needs all relevant clinical and personal information, including the drugs ordered by other practitioners. In the modern healthcare system, few practitioners are fully aware or fully knowledgeable about all drugs and supplements their patients may receive.

Non-clinical factors also come into the equation. Fragmented health care, increased volume of patients seen, and proliferating drugs, diagnostics, and medical specialties increasingly complicate the task of prescribing optimal therapy. In addition, the pharmaceutical industry funds research to determine how to influence prescribers' decisions. Then pharmaceutical companies aggressively market their products, using paid advertising targeted toward practitioners and patients. Lastly, patients may consult a variety of practitioners, which increases the risk of mis-prescribing and drug-induced disease.

DUR serves a vital monitoring purpose by:

- Consolidating each patient's drug therapy history in a single, usable database.
- Analyzing that history using sophisticated clinical criteria.
- Identifying potential drug therapy problems such as drug-disease conflicts, drug-drug interactions, over-utilization, under-utilization, and clinical or therapeutic appropriateness.
- Notifying and presenting apparent drug therapy problems to practitioners and/or pharmacists.

Prospective DUR (ProDUR) and retrospective DUR (RetroDUR) each serve a unique purpose in providing practitioners and pharmacists with specific, focused and comprehensive drug information available from no other source. DUR allows practitioners to make timely changes in prescriptions and keeps these problems from growing. If practitioners and pharmacists use DUR as intended, then notification of a potential drug therapy problem will lead to appropriate action taken in response to a ProDUR alert or RetroDUR event. Actions include discontinuing unnecessary

prescriptions, reducing quantities of medications prescribed, switching to safer drug therapies, or even adding a therapy recommended in published guidelines from an expert panel.

Timely DUR warnings along with practitioners' and pharmacists' appropriate actions can prevent adverse effects and mis-prescribing which lead to complications, hospitalizations, and treatment (which ultimately increases costs). Recipients avoid complications and harm, and State Medicaid programs are spared needless expense.

In sum, both ProDUR and RetroDUR serve vital functions. If DUR is widely and properly used by State Medicaid programs, their contractors and Medicaid providers, then the State Medicaid DUR programs provide an added margin of safety to its recipients and avoid unnecessary medical, hospital, and prescription drug expenses. OMPP and the DUR Board have always been interested in the impact that the programs implemented have on quality of care as well as upon pharmacy and medical costs.

The DUR programs have saved money by encouraging quality, medically necessary and appropriate drug therapy in order to reduce total healthcare expenditures. For the CMS Federal Fiscal Year 2004, estimated prescription drug savings resulting from ProDUR and RetroDUR programs is shown in Table II. Summary analyses for FFY 2004 in Table II are reported as prescription drug savings.

Drug savings estimates from DUR programs are measured by the actual claims before and after interventions. The total estimated drug cost savings over the CMS Federal Fiscal Year 2004 for Indiana for ProDUR and RetroDUR programs are **$20.8 million.**

Table II. Indiana Program Impact Evaluation: Estimated Drug Cost Savings

Estimated Total Costs Avoided[1] or Savings Per Year	State Program Costs Per Year	Net Savings for FFY 2004 and Return On Investment (ROI) for ProDUR & RetroDUR only
ProDUR $ 18.5 million		

RetroDUR	**$ 2.3 million**
GRAND TOTAL SAVINGS from ProDUR & RetroDUR	**$ 20.8 million**

1.Reported "costs avoided" dollar amounts are state and federal combined, and does not include rebates.

* NOTE: The $8M reflects the entire cost of the contract that includes far more than DUR. Contract activities included at some point during FFY2004, but were not limited to: POS claims processing, paper claims processing, rebate management, cost containment initiatives, audit services, provider relations, T- Committee / DUR Board support, PDL administration, rebates, 24 hour help desk support, website development and maintenance, reporting and analysis, all Hoosier Rx activities, TAI/IBM RetroDUR, and clinical program analysis & expertise. Therefore, the cost of running the entire Medicaid pharmacy program through ACS State Healthcare Solutions pays for itself with a return on investment of over 100%.

Outcomes Measurement: CMS Philosophy on Evaluation of DUR Programs

Title XIX SSA § 1927(g)(3)(D); 42 CFR Part 456.709, 456.712[a,b]

The Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Finance Administration (HCFA), requires each state Medicaid Drug Utilization Review (DUR) Program submit an annual report. The CMS annual report provides a measurement tool to assess how well states have implemented DUR programs and the effect DUR has had on patient safety, practitioner prescribing habits and dollars saved by avoidance of drug therapy problems. As part of the annual report, each state is to estimate the savings attributable to prospective and retrospective DUR, and to report the costs of DUR program operations.

The CMS contracted a panel of advisors in 1994 with extensive experience in both DUR and program evaluation studies to develop the "*Guidelines for Estimating the Impact of Medicaid DUR."* The guidelines were developed because the CMS recognized the difficulty in producing legitimate estimates of savings associated with DUR programs with an acceptable level of rigor given very real operational and resource limitations. Studies must be rigorous enough to be confident that the results are attributable to DUR activities. Yet, analysts and researchers cannot interfere with day-to-day operations and cannot require unrealistic resources to conduct the studies.

In explaining why the Guidelines were developed, the expert panel of authors state: *"Attributing changes in prescribing and patient outcomes to DUR is a complex process...While rigorous studies are preferred in principle, they often [are not feasible]*.

"*Applying the concepts embodied in these guidelines has the potential to do more than just help states fulfill their obligations for the annual report required by Federal law*. *[The guidelines can] "provide states with approaches that will help them analyze and improve DUR operations."* Additionally, if comparable estimation procedures are followed among the state Medicaid agencies, then information can be shared and compared, permitting states to learn from one another's experiences.

DUR Outcomes Measurement for State of Indiana DUR Programs

ACS' Approach to Evaluation

The 1994 CMS "*Guidelines for Estimating the Impact of Medicaid DUR"* (Contract # 500-93-0032) is an excellent operational research methods guideline that is still as relevant and useful ten years later. ACS State Healthcare Solutions employs health services researchers who strongly believe in following the 1994 CMS "*Guidelines for Estimating the Impact of Medicaid DUR"* (Contract # 500-93-0032). Therefore, analyses and cost estimates presented in this report are all acceptable methods listed in the CMS

Guidelines as procedures that are likely to produce legitimate estimates of the cost savings (or cost avoidance) associated with DUR programs. This should give both CMS and the state of Indiana Office of Medicaid Policy and Planning (OMPP) a high degree of confidence that the results can be attributed to its DUR activities and not to other events.

According to estimates, between 3-28% of all hospital admissions involve adverse drug effects. Eliminating inappropriate drug use will eliminate the cost of unnecessary medical and hospital care. The cost of mis-prescribed drugs is small relative to unnecessary medical and hospitalization costs; but, drug costs are much easier to measure than trying to estimate treatments and hospital admissions that may have been as a result of inappropriate use. On the other hand, under-use or lack of use of certain indicated drugs can cause unnecessary medical, hospital, and emergency room care. Lack of prescribing or noncompliance with an indicated drug may have a small impact on drug costs, but may drive up medical, hospitalization, and emergency room costs with a larger impact.

To examine the impact of RetroDUR interventions on medical costs avoided, ACS examined utilization and costs in intervention recipients versus comparison recipients in whom no interventions took place. Savings are reported for the ProDUR and RetroDUR programs separately.

ProDUR Impact Analysis & Outcomes Measurement: State of Indiana

ProDUR Edits Methodology

In presenting our analyses, ProDUR is defined as "*a review of prescription orders and other reports for an individual patient or provider which is performed at the point of service (POS)…The review occurs as the medication is dispensed. Thus the evaluation of prospective DUR differs [from RetroDUR evaluation] in that it is necessary to* ***estimate the number and nature of drug use problems averted and the cost avoided***. The estimated ProDUR savings calculation reflects only those claims that were submitted electronically.

If a ProDUR alert is triggered upon submission of a claim, the pharmacist must respond to the alert in order to proceed with the claim. The response is captured electronically. By responding to the alert, the claim may be adjudicated, and the pharmacist would thereby dispense the medication. The pharmacist's response to the initial ProDUR alert could produce savings from costs avoided if the action taken by the pharmacist prevented an adverse drug-related event or enhanced the effectiveness of the patient's drug therapy. Conversely, the pharmacist's response could also reflect an increase in program costs if the result was the utilization of more costly drug therapy.

ProDUR Study Scope

The period for measuring cost avoidance (savings associated with the ProDUR program) is all prescription drug claims submitted during FFY 2004 (10/1/03 to 9/30/04). These data reside in the claims history warehouse. Results of ProDUR alerts are examined by month over the FFY 2004.

According to the CMS Guidelines, it is not acceptable to limit the DUR savings results to global estimates of savings in the drug budget or overall Medicaid expenditures. ProDUR savings estimates should specifically track result relative to individual cases affected by ProDUR alerts. One cannot sum dollar amounts associated with all denials and/or reversals and claim these are the total ProDUR cost savings either. The reason is one cannot assume that all denials of prescriptions through on-line ProDUR edits results in changes in drug use and expenditures. If the claim is filled with a substitute medication or is delayed by several days in filling, we should track the net effects upon expenditures. Likewise, one must use caution in estimating the costs avoided from "reversal of claims and only measure costs avoided from true reversals that stay reversed. Tracking and calculating costs associated with actions resulting from ProDUR edit alerts have always been difficult at best. Comparison group designs are normally recommended; however, with on-line ProDUR, comparison populations who are not receiving an alert are not possible.

To achieve an acceptable method of estimating ProDUR savings, a computerized tracking method, Claims Tracking and Intervention Assessment Coding System (CTIACS), was developed to follow a claim from the initial alert, through the series of alerts and possible adjustments, and then ultimately to payment, substitution of alternative therapy, or final denial of each prescription "hitting a ProDUR alert. Cost avoidance or savings for ProDUR is measured based upon several general claims scenarios after claims are submitted shown in Table III.

Table III. Methodology of Savings Produced for ProDUR Edit Response Scenarios

Claims Scenario	Pharmacist Response	Outcomes Produced	Savings Result
			Cancel Prescription **Don't fill inappropriate medication** **Savings associated with lack of filling Rx *(Amount that would have paid)****
			No Response **Don't fill inappropriate medication & no re-submission** **Savings for the *Amount that would have paid**** **had the prescription been filled.**
			No Response; but, Resubmits Prescription later **Delay in filling; e.g. wait 7 days for an Early Refill alert and resubmit on the correct date** **Savings associated with delay in filling (Payment amounts adjusted by delays in filling). Very difficult to attach a cost estimate. No Estimated Savings Obtained**
			No Response; but, Submits a Different Claim **Original claim not paid; Substitute Claim Submitted** **Savings** are what would have been paid for the first claim (cost avoided) and what is paid for the 2nd submission; e.g. Brand Medically Necessary alert hitting on a ProDUR alert for generic available.*
			Adjust Prescription Claim & Resubmit Original claim not paid; Substitute Claim Submitted Savings are Cost avoided with 1st claim minus cost of alternate taken; e.g. hitting on a ProDUR alert for quantity limits or excessive duration.
Paid	No Alert	No Alert	No Estimated Savings Obtained

Post Alert Info only & Paid	Fill Prescription; Receive Alert message after Paid	Fill prescription as is	Costs can be associated with RPh talking to MD or patient. Very difficult to attach a cost estimate. No Estimated Savings Obtained
Post, Override & Paid	Override Alert; Fill prescription with minor adjustments not trackable through on-line systems	Fill prescription as is with possible adjustment other than Rx.	Either increased savings or increased costs can be associated with adjusting the prescription. Very difficult to attach a cost estimate. No Estimated Savings Obtained
Post, Paid, then Reversed by RPh	Reversal of Rx	Don't fill medication	If reversal was resubmitted within 24-hours of service, then counted as paid. If reversal stayed reversed longer than 24 –hours, then counted as savings. Savings Obtained from Reversal

* Amount that would have been paid is defined as the amount allowed for the prescription if the claim had not hit the ProDUR alert.

Methods & Data Sources

Each alert resulting from the on-line ProDUR system is counted as an intervention. The total number of alerts and responses are reported on the EDS ProDUR Attachment 2.1.A and the ACS ProDUR Attachment 2.1.B. ACS State Healthcare's system tracks the non-responses through to a final paid or denied claim. Other methodology assumptions with tracking savings associated with ProDUR edits are:

> If a drug substitution was made and the prescription number did not change, then the savings was calculated.
>
> Savings (or actually costs avoided) were calculated as the difference between the amount that would have paid on the initial submission and the amount paid on the substitute claim. If the claim was cancelled and a new prescription started, then a savings was not calculated. For example, if a claim "hits the alert that generic substitution is required, the pharmacist most likely will use the same prescription number, change the drug name, and resubmit the claim. It was assumed that this scenario did not happen often and costs avoided or incurred would be negligible.
>
> Duplicate claims for the same prescription drug and refill number (same unique identifier) counted as savings only once.
>
> Duplicate edits for the same unique identifier were counted only once. For example, if a claim denied for the ProDUR Drug-Drug alert and again for Ingredient Duplication, only one denial was counted as costs avoided.
>
> Only the true ProDUR edits were included in savings estimates. Point of sale technology can produce additional savings with implementing hard edits, stopping quantity errors during submission, requiring prior authorization (PA) and strict formularies such as a Preferred Drug List (PDL) program. PA and PDL savings were not included in the ProDUR "soft edit savings estimates.
>
> At times a billing error generated a ProDUR edit alert, such as "High Dose Alert or "Excessive Duration Alert for a mis-billed quantity. According to the CMS guidelines, "these types of savings should **not** be claimed as DUR savings (CMS Guidelines 1994, p. 33). These savings or costs avoided were filtered out of ACS' claims tracking system as much as feasible, specifically for savings > $2,000; however, there may have been some that were missed from the filtering process. This may result in a slight over-estimation of these types of costs avoided.

For final denied claims, the amount that would have been paid for each ProDUR unique identifier is identified as the costs avoided or savings. An Estimated Amount that would have paid was calculated. Billed Amount was not used because billed amounts could be any amount pharmacists wanted to input and did not nearly approximate Amount that

would have paid if the claim were to have paid. In fact, using Billed Amount would have excessively overestimated costs avoided.

Drug Utilization Review (DUR) Program Results

An evaluation of the effectiveness of ProDUR and estimated savings (costs avoided) of the ProDUR edits is given in Attachment 6.1.

Estimated utilization and savings generated as a result of the RetroDUR program is given in Attachment 6.2. An evaluation of the effectiveness of the RetroDUR program is measured in terms of:

a) Number of prescriptions reduced or increased (depending upon the criteria and intervention's goal); and,

b) Estimated savings by total dollars saved and dollars saved per utilizing recipient per year.

ProDUR Discussion and Conclusion

According to the Claims Tracking and Intervention Assessment Coding System (CTIACS system), costs avoided as a result of **ProDUR edits were $18.5 million for FFY 2004** ProDUR is working and saved the state dollars. The establishment of "hard alerts —that is, ProDUR alerts that require a prior authorization from ACS—ensured that program savings are being maximized and that alerted claims are medically necessary, reasonable, and appropriate.

ACS staff, in conjunction with the state's DUR Board and OMPP staff, will continue to monitor and evaluate the state's ProDUR experience in order to continually improve the ProDUR system. Clearly, a benefit is gained by all (the State, the provider community, and the beneficiary population served).

ATTACHMENT 6.1 ProDUR SAVINGS SUMMARY

PDMU1000-RC002 INDIANA MEDICAID - OMPP

AS OF 2004-09-30 ACS PRESCRIPTION BENEFIT MANAGEMENT

P R O S P E C T I V E D U R S A V I N G S

R A N K E D B Y A M O U N T P A I D

CLAIMS PAID FROM 2003-10-01 - 2004-09-30

GROUP:100 INDIANA MEDICAID - OMPP DUR ALERTS SUMMARY

CC	DESCRIPTION	PAID CLM	PAID AMT	DENIED CLM	DENIED AMT	REVERSE CLM	REVERSE AMT	TOTAL SAVINGS
TD	THERAPEUTIC DUPLICATION	1,091,082	97,208,186	75	3,015	43,371	4,490,801	$4,493,816

DD	DRUG-DRUG INTERACTION				2,205,825	96,029,318	108,379					
4,717,737		72,583		4,657,402		$9,375,139						
ID	INGREDIENT DUPLICATION				557,826	27,752,116	0					
0		26,711		1,504,183		$1,504,183						
HD	HIGH DOSE				149,255	21,671,804	55,633					
8,077,355		49		1,624		$8,078,979						
LD	LOW DOSE				236,621	13,029,925	0					
0		14,310		987,047		$987,047						
ER	OVERUSE - EARLY REFILL				123,865	6,250,891	284					
14,330		1,242		139,098		$153,429						
PA	DRUG-AGE				26,927	1,401,401	8,019					
417,308		8		179		$417,488						
DC	DRUG-DISEASE (INFERRED)				18,228	654,457	3,254					
116,818		34		488		$117,307						
PG	DRUG-PREGNANCY				10,658	175,856	3,892					
64,179		0		0		$64,179						
SX	DRUG-GENDER				2,041	155,317	0					
0		120		12,733		$12,733						
MX	EXCESSIVE DURATION				20	387	0					
0		1		2		$2						
	SUM OF ALL CONFLICTS*				4,422,348	264,329,658	179,461					
13,407,727		158,429		11,793,557		$25,201,287						

SUMMARY LINE ALL CONFLICTS					**3,887,446**	**228,093,862**	**143,956**					
8,445,898		**136,304**		**10,002,959**		**$18,448,958**						
(SUM UNIQUE CLAIMS W/IN EACH EDIT)												

PLEASE NOTE:

* SUM OF ALL CONFLICTS CONTAINS DUPLICATES SINCE ONE PRESCRIPTION MAY HIT ON MULTIPLE PRODUR EDITS. TOTAL SAVINGS ARE DERIVED FROM SUMMING UNIQUE CLAIMS WITHIN EACH EDITS (ACS IS NOT TAKING A SAVINGS FOR DUPLICATES).

1. A CLAIM IS COUNTED AS DENIED ONLY IF IT IS NOT FOLLOWED BY A PAID CLAIM FOR THE SAME INDIVIDUAL/DATE OF SERVICE/DRUG COMBINATION.

2. A CLAIM IS COUNTED AS REVERSED ONLY IF IT HAS BEEN REVERSED WITHIN 24 HOURS (A SAME DAY REVERSAL).

3. A DENIED CLAIM IS COUNTED AS DENIED ONLY ONCE IF FOLLOWED BY MULTIPLE DENIES FOR THE SAME INDIVIDUAL/D O S/DRUG COMBINATION.

4. SAVINGS ATTRIBUTABLE TO EARLY REFILL (ER) ARE PRIMARILY COSTS DELAYED. IN OTHER WORDS, APPROXIMATELY 80% OF ER CLAIMS GO ON TO BE
FILLED AFTER WAITING A FEW DAYS. THEREFORE, ER SAVINGS ARE CONSERVATIVELY CALCULATED AS 20% OF THE CLAIMS THAT HIT ER (AND DO NOT GO ON TO BE FILLED LATER).

5. A CLAIM REVERSED FOR LOW DOSE (LD) WAS CONSIDERED SAVINGS, BECAUSE THE PRESCRIPTION WAS NOT DISPENSED IN AN INEFFECTIVE DOSE.

6. THIS REPORT ONLY USES CONFLICT CODES ASSOCIATED WITH ACTUAL SAVINGS. CONFLICT CODES INCLUDED IN SAVINGS CALCULATIONS ARE:
--DC, DD, ER, GA, HD, ID, LD, LI, MC, MX, PA, PG, SX, TD--

7. SAVINGS ARE BOTH STATE AND FEDERAL DOLLARS COMBINED, AND DOES NOT INCLUDE REBATES.

RetroDUR Impact Analysis & Outcomes Measurement: State of Indiana

RetroDUR Methodology Impact Analysis

The state of Indiana ensured that a CMS-compliant claims tracking methodology was used to evaluate the results of the RetroDUR program. The Claims Tracking of Interventions and Analysis of Cost Savings (CTIACS) system identifies changes in drug therapy patterns following the intervention and measures the monetary impact of these changes.

The 1994 CMS report, "Guidelines for Estimating the Impact of Medicaid DUR , was used to develop the methodology for measuring the impact of the Retrospective DUR program. Simply stated, the preferred and recommended method of the 1994 CMS guidelines is a scientifically sound methodology that involves comparison of all recipients who received interventions (intervention group) with those who did not receive interventions (comparison group). This preferred comparison group method has the most validity and accuracy of any other method (Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. "Guidelines for Estimating the Impact of Medicaid DUR. (Contract #500-93-0032, United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau, August 1994).

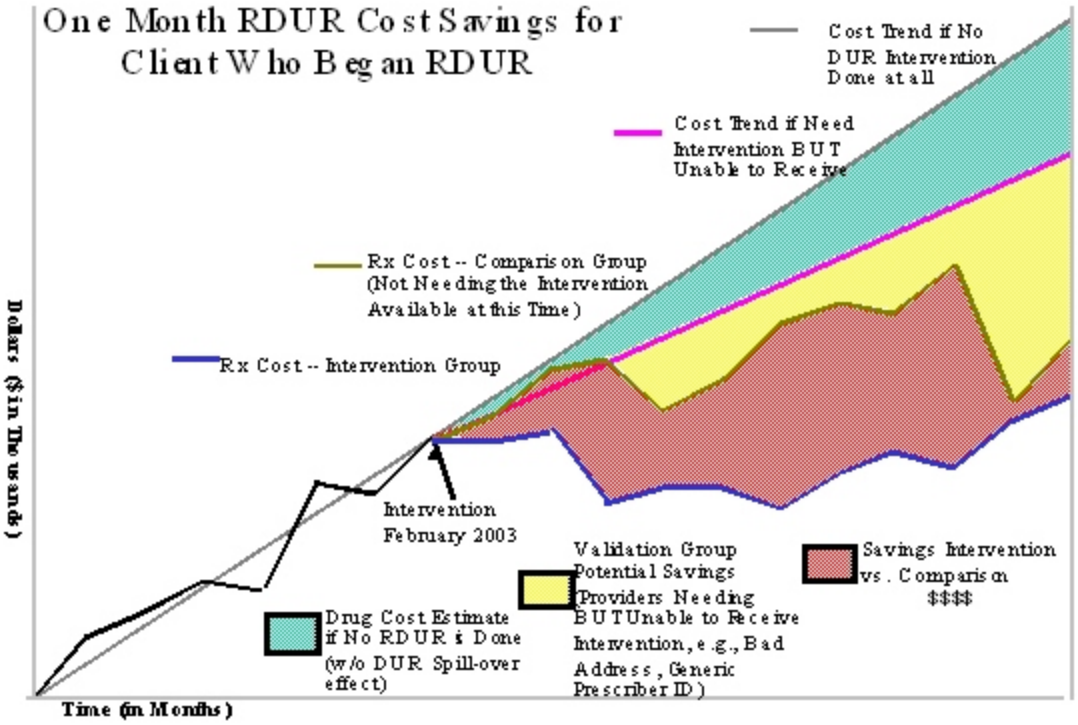
The intervention population, a subset of beneficiaries, includes all recipients confirmed as having inappropriate drug therapies and who were intervened upon during the analysis period. Interventions included sending an Alert Letter and patient profile to every prescriber involved in the drug therapy problem(s) in addition to answering questions on the 800-DUR hotline. It is possible to track the cost impact upon recipients upon whom we intervene (called 'cases'). Reports can be generated for cost savings and number of prescriptions saved per patient case or per recipient (if a recipient has more than one case).

To confirm the validity of our methodology, initially two comparison groups were evaluated along with an intervention group for cost savings. One comparison group, called the conservative comparison group, was an equal subset of patients who were taking medication involved in the alert, but needed no intervention. The second comparison group, used for validation, was patients who needed an intervention but no intervention was possible. The largest reason was that the prescriber couldn't be identified; for example, the prescriber's correct address couldn't be found or the pharmacy used an invalid or generic prescriber number in filing the claim. The following graph illustrates a very conservative estimate of cost savings obtained using our selected comparison group. The graph also illustrates how the validation group's costs continue to rise when they needed a letter more so than the comparison groups' costs.

Overall Procedures

ACS' outcomes measures of therapy improvements and cost savings are not dependent upon receiving prescriber responses about the letters, since what practitioners *say* is not an accurate measure of actual behavior. Instead, actions are measured from claims data to determine what prescribing patterns have actually changed as a result of educational interventions. Drug savings estimates from RetroDUR are measured by the claims 180-days before and after interventions.

Figure 2.



To analyze recipients' drug use, we followed the 1994 CMS "Guidelines for Estimating the Impact of Medicaid DUR." We compared the cost of all prescription drugs for each recipient before and after physicians received Alert letters, phone calls or face-to-face visits. By following CMS's guidelines, our analysis measured "the substitution effect." That is, prescribers may substitute another drug in the same therapeutic class in place of the drug about which the Alert letter was sent. Therefore, our analysis also included the cost of other drugs in the same therapeutic class. We calculated each period's costs using the exact quantities of each drug dispensed and the claims costs (defined as: reimbursement formula specified in the plan).

For the purpose of this report, cases were analyzed using 180 days of claims data before and after the alert letter/intervention month. The number of prescriptions and cost of drug therapy were then compared for the pre- and post-intervention periods. To evaluate the impact of changes over time, such as manufacturer drug price changes or policy changes, the intervention group for each case was evaluated compared to a comparison group. Anything that

happens to one group will also affect the other group and will negate any outside effects on drug costs. Any savings that occurred can then be attributed to the DUR intervention and not some other effect.

RetroDUR Results

The following information is a year-end analysis of RetroDUR activities and outcomes that were approved by the DUR Board and performed by ACS pharmacists through their three RetroDUR program types: Intensified Benefits Management (IBM), Therapeutic Academic Intervention (TAI) and regular RetroDUR Programs.

Detailed outcomes analyses for each RetroDUR intervention type is included in the Attachment 6.2. Attachments include cost savings as well as the number of prescriptions saved per intervention cycle per month and by program (IBM/TAI or Regular RetroDUR). Real savings, while controlling for changes over time, were calculated using the comparison and intervention groups.

For RetroDUR interventions, estimated annual savings for the **FFY 2004 were $ 2.3 million**.
All amounts are reported as state and federal Medicaid dollars combined.

RetroDUR Discussion

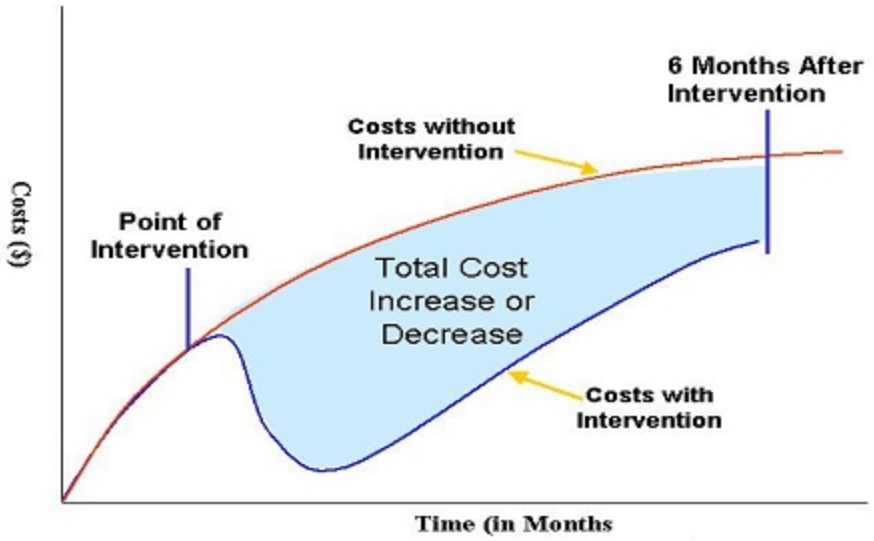
We found the intervention group total prescription drug costs typically decreased following Alert letters, phone calls or site visits; whereas, the comparison group (who needed intervention but did not receive intervention) prescription costs typically continued to increase.

In our experience, drug costs decrease soon after an intervention, then costs remain relatively flat or only slightly increase for approximately 6 months. After about 6 months post-intervention, drug costs in the intervention group will start to climb again as indicated by the upward slope on Graph 2; but, costs never reach the point of the comparison group drug cost trends (See Graph 2). The comparison group illustrates what would happen to drug costs if no DUR program interventions were undertaken.

The psychological theory of the *primacy-recency effect* can explain this phenomenon where interventions work for several months, but do not contain costs permanently. Practitioners must be reminded periodically of the intervention criteria. The most recent events are what practitioners primarily recall when they are choosing drug therapy for patients. State Medicaid agencies are trying to provide optimal care while keeping costs reasonable should likewise take advantage of the primacy-recency effect by repeated ProDUR *and* RetroDUR educational interventions on practitioners who do not meet the predetermined standards or criteria set by the DUR Board. Graph 2 illustrates this primacy-recency concept quite vividly.

In sum for DUR overall, the general trend for comparison group recipients is for drug costs to continue to rise. The trend for intervention group recipients is for drug costs to either remain flat (meaning rising drug costs have been contained) or to decrease over a 6-month time frame.

Graph 2



DUR Program Evaluation Conclusions

Outcomes analyses were conducted on actual prescriber behavior rather than prescriber responses to letter interventions. Outcomes analyses shows that DUR **does work** in general and specifically, has worked for State of Indiana. Furthermore, the State of Indiana Drug Utilization Review program provides an important quality assurance service to Medical Assistance recipients.

Over the CMS Federal Fiscal Year 2004 year, the program confirmed 3.98 million incidences where recipients were at risk for drug therapy problems in the ProDUR program and 18,987 incidents in the RetroDUR program. These recipients were at increased risk of dangerous adverse drug effects and drug-induced diseases. Cost savings were reported for each drug therapy problem and for each intervention type to illustrate that some criteria focusing on certain drug therapy problems were more effective at reducing prescription drug utilization and drug costs than other criteria (See Appendices).

The total drug cost savings (or costs avoided) over the FFY 2004 for RetroDUR clinical programs (IBM, TAI, and RetroDUR letter) was **$2.3 million,** [1] ProDUR was **$18.5 million,** and both ProDUR & RetroDUR program savings combined were approximately **$20.8 million**.

The drug cost savings for DUR programs alone was a return on investment (ROI) of 169%[2], meaning that for every dollar spent on the DUR program, State of Indiana received $2.69 in drug savings.

NOTE:

Reported "costs avoided" dollar amounts are state and federal combined.

2. Return on investment calculation includes the cost of all ACS services to the State of Indiana.

ATTACHMENT 6.2 RETRODUR SAVINGS SUMMARY

	Indiana Medicaid DUR Savings		
RetroDUR	IBM	TAI	Total Annualized Savings
$1,044	$562,306	$1,730,092	**$2,293,442**

Indiana IBM Outcomes & Savings

Cost Savings Analysis	Oct 03 OPIATE OVER-UTILIZATION W SMOOTH MUSCLE RELAXANTS	Nov 03 No Inter-vention Ap-proved	Dec 03 SSRI THERA. DUP.	Jan 04 ALLEGRA STEP EDIT	Feb 04 BRAND WITH GENERIC AVAILABLE	Mar 04 DOSE OP ATYPICALS AND PAXIL CR	Apr 04 EXCESSIVE DURATION OF SEDATIVE-HYPNOTICS	May 04 EXCESSIVE DURATION OF SEDATIVE HYPNOTICS	Jun 04 NASAL CORTICO-STEROID SWITCH	Jul 04 No Inter-vention Ap-proved	Aug 04 No Inter-vention Ap-proved	Sep 04 POLY PRE-SCRIBERS OF NARCOTICS	Estimated Tot Savings PER QUARTER
Comparison group													
Pre- Rx cost	$9,873.95		$14,236.30	$84,846.88	$1,872,457.46	$88,736.24	$2,044.45	$2,132.68	$93,281.43			$42,816.96	$2,270,(
Pre- Number of Rx	397		1089	1410	29803	301	35	37	1,231			468	
Pre- Utilizing recipients	41		209	732	957	76	12	14	720			78	
Pre- Cost per utilizer	$240.83		$355.20	$115.91	$1,955.59	$1,167.58	$170.37	$152.33	$129.56			$670.89	$4
Post- Rx cost	$8,747.87		$38,955.35	$58,895.73	$1,881,436.70	$72,952.90	$1,820.21	$1,765.21	$52,390.93			$48,276.11	$2,165,2
Post- Number of Rx	193		596	965	27202	399	32	32	683			259	
Post- Utilizing recipients	41		209	732	957	76	12	14	720			78	
Post- Cost per utilizer	$213.36		$186.39	$80.46	$1,955.97	$959.91	$151.68	$126.09	$72.77			$643.68	$4
Cost change COMPARISON	-11.40%		-47.53%	-30.59%	0.48%	-17.79%	-10.97%	-17.23%	-43.84%			12.75%	
Target group													
Pre- Rx cost	$166,503.33		$143,301.43	$127,647.24	$829,351.89	$441,509.55	$87,035.99	$85,242.71	$144,872.82			$38,703.50	$2,064,7
Pre- Number of Rx	2280		2079	2212	15797	1100	1654	1421	1,348			881	
Pre- Utilizing recipients	216		399	852	758	276	519	496	753			95	
Pre- Cost per utilizer	$770.85		$359.15	$149.82	$1,094.13	$1,599.67	$167.70	$171.86	$192.39			$407.41	$
Post- Rx cost	$48,771.44		$74,875.45	$93,009.03	$786,291.93	$384,904.61	$66,491.68	$75,147.48	$84,510.44			$26,096.03	$1,640,(
Post- Number of Rx	1287		1082	1648	13908	1690	1229	1182	776			430	
Post- Utilizing recipients (i)	216		399	852	758	276	519	496	753			95	
Post- Cost per utilizer	$225.79		$187.65	$109.17	$1,037.32	$1,394.58	$128.11	$151.51	$112.23			$274.69	$
Cost change INTERVENTION	-70.71%		-47.75%	-27.14%	-6.19%	-12.82%	-23.60%	-11.84%	-41.67%			-32.57%	-(
Expected Rx cost	$147,514.37		$75,197.14	$88,605.23	$833,328.99	$362,979.13	$77,489.68	$70,555.02	$81,366.91			$43,638.19	$1,780
Actual Rx cost	$48,771.44		$74,875.45	$93,009.03	$786,291.93	$384,904.61	$66,491.68	$75,147.48	$84,510.44			$26,096.03	$1,640
Cost Savings*	$98,742.93		$321.69	-$4,403.80	$47,037.06	-$21,925.48	$10,998.00	-$4,592.46	-$3,143.53			$17,542.19	$140,5
Savings per Recipient Intervened	$457.14		$0.81	-$5.17	$62.05	-$79.44	$21.19	-$9.26	-$4.17			$184.65	$

* KEY:

A negative number means the intervention month had a negative savings; whereas, a positive number means the intervention month had a p

ATTACHMENT 6.2.A. OUTCOMES & SAVINGS - IBM

Adjusted annualized savings = Adjusted for inflation and projected for one year

NOTE:
Savings are derived from differences in total costs of the comparison group vs. intervention (targeted) group. Pre- to Post-Costs per Utilizer may increase and costs savings may still be achieved due to savings from eligible recipients who stopped using the targeted drug(s) completely.

Indiana TAI Outcomes & Savings**

Cost Savings Analysis	Oct 03 TD SMOOTH MUSCLE RELAXANTS	Nov 03 TD SMOOTH MUSCLE RELAXANTS	Dec 03 ALLEGRA STEP EDIT	Jan 04 ALLEGRA STEP EDIT	Feb 04 BRAND WITH GENERIC AVAILABLE-RPH VISIT	Feb 04 BRAND WITH GENERIC AVAILABLE-MD VISIT	Mar 04 DOSEO P ATYPICALS AND PAXIL CR	Apr 04 EXCESSIVE DURATION O F SEDATIVE-HYPNOTICS	May 04 EXCESSIVE DURATION OF SEDATIVE HYPNOTICS	Jun 04 NASAL CORTICO-STEROID SWITCH	Jul 04 No Inter-vention Approved	Aug 04 No Inte-rvention Approved	Sep DO SE O PTI ZATI VIOX
Comparison group													
Pre- Rx costs	$142,905.70	$133,013.41	$107,166.70	$316,155.80	$6,915,089.75	$6,915,089.75	$2,025,574.50	$134,294.78	$47,362.47	$59,281.43			$115
Pre- Number of Rx	2,824	2,674	1,717	5,385	104,123	104,123	8,580	2,033	759	1,231			
Pre- Utilizing recipients**	696	659	1,107	2,953	8,370	8,370	2,979	904	467	720			
Pre- Cost per utilizer	$214.57	$201.84	$96.81	$107.06	$835.17	$835.17	$679.95	$148.56	$101.42	$129.56			
Pre-Prescriber Count	388	287	246	394	55	55	52	37	59	155			
Post Rx costs	$106,237.09	$107,935.82	$93,978.46	$323,463.52	$7,426,151.85	$7,426,151.85	$2,162,880.97	$114,460.44	$74,329.74	$52,390.93			$86
Post Number of Rx	2,212	2,228	1,495	5,975	108,208	108,208	14,417	1,776	1,177	683			
Post Utilizing recipients**	580	587	895	3,309	8,289	8,289	3,228	786	553	437			
Post Cost per utilizer	$183.17	$183.88	$105.00	$97.75	$895.90	$895.90	$670.04	$145.62	$134.41	$119.89			
Post Prescriber Count	388	287	246	394	55	55	52	37	59	155			
Cost change COMPARISON	-25.66%	-18.85%	-12.31%	2.31%	7.39%	7.39%	6.78%	-14.77%	56.94%	-43.84%			
Target group													
Pre- Rx costs	$40,438.99	$23,690.73	$131,375.85	$214,730.64	$1,030,880.18	$1,647,627.43	$1,613,187.66	$136,381.94	$66,777.45	$73,192.54			$14
Pre- Number of Rx	708	577	2,143	3,801	26,064	35,008	6,706	2,284	909	1,008			
Pre- Utilizing recipients**	177	176	1,157	2,022	660	2,036	2,153	1,042	556	753			
Pre- Cost per utilizer	$228.47	$134.61	$113.55	$106.20	$1,561.94	$809.25	$749.27	$130.88	$120.10	$97.20			
Pre Prescriber Count	54	34	41	57	217	9	37	51	31	58			
Post Rx costs	$35,705.71	$18,614.12	$113,874.97	$196,432.62	$976,573.04	$1,679,241.88	$1,542,949.79	$115,316.28	$82,137.43	$53,542.29			$16
Post Number of Rx	625	461	1,771	3,770	23,512	35,243	9,332	2,019	1,125	722			
Post Utilizing recipients**	158	146	904	1,940	610	1,990	2,114	884	559	407			
Post Cost per utilizer	$225.99	$127.49	$125.97	$101.25	$1,600.94	$843.84	$729.87	$130.45	$146.94	$131.55			
Post Prescriber Count	54	34	41	57	217	9	37	51	31	58			
Cost change INTERVENTION	-11.70%	-21.43%	-13.32%	-8.52%	-5.27%	1.92%	-4.38%	-15.45%	23.00%	-26.89%			
Expected Rx cost	$30,062.42	$19,224.21	$115,208.36	$219,893.99	$1,107,070.94	$1,769,401.02	$1,722,539.90	$116,239.34	$104,799.23	$41,108.13			$12
Actual Rx cost	$35,705.71	$18,614.12	$113,874.97	$196,432.62	$976,573.04	$1,679,241.88	$1,542,949.79	$115,316.28	$82,137.43	$53,542.29			$16
Cost Savings*	-$5,643.29	$610.09	$1,333.39	$23,261.37	$130,497.90	$90,159.14	$179,590.11	$923.06	$22,661.80	-$12,434.16			$1
Savings per Recipient Intervened	-$35.72	$4.18	$1.47	$11.99	$213.93	$45.31	$84.95	$1.04	$40.64	-$30.55			

ATTACHMENT 6.2.B. OUTCOMES & SAVINGS - TAI

Adjusted annualized savings = Adjusted for inflation and projected for one year

NOTE:

Savings are derived from differences in total costs of the comparison group vs. intervention (targeted) group. Pre- to Post-Costs per Utilizer may increase and costs savings may still be achieved due to savings from eligible recipients who stopped using the targeted drug(s) completely.

*** A negative number means the intervention month had a negative savings; whereas, a positive number means positive savings.**

**** TAI interventions target prescribers, not recipients; therefore, recipients may increase as the same prescribers add more patients (recipients) to their practice.**

ATTACHMENT 6.2.C. RETRODUR LETTER OUTCOMES & SAVINGS

Indiana RetroDUR Letter Outcomes & Savings

Cost Savings Analysis	Oct 03 No Intervention Approved	Nov 03 No Intervention Approved	Dec 03 DOSE OPTIMIZATION OF LIPOTROPICS	Jan 04 No Intervention Approved	Feb 04 No Intervention Approved	Mar 04 No Intervention Approved	Apr 04 EXCESSIVE DURATION OF SEDATIVE-HYPNOTICS	May 04 No Intervention Approved	Jun 04 NASAL CORTICO-STEROID SWITCH	Jul 04 No Intervention Approved	Aug 04 No Intervention Approved	Sep 04 No Intervention Approved	Estimated Tot Savings PER QUARTER
Comparison group													
Pre- Rx costs			$64,575.86				$84,576.90		$168,593.03				$317,745
Pre- Number of Rx			323				1,328		2,516				4
Pre- Utilizing recipients			138				606		1,671				2
Pre- Cost per utilizer			$467.94				$139.57		$100.89				$70
Post- Rx costs			$54,789.18				$76,382.45		$138,998.46				$270,170
Post- Number of Rx			305				1,155		2,009				3
Post- Utilizing recipients			323				606		1,671				2
Post- Cost per utilizer			$169.63				$126.04		$83.18				$37
Cost change COMPARISON			-15.16%				-9.69%		-17.55%				-14.
Target group													
Pre- Rx costs			$76,183.19				$50,313.81		$222,946.59				$349,443
Pre- Number of Rx			459				745		3,095				
Pre- Utilizing recipients			187				349		2,152				
Pre- Cost per utilizer			$407.40				$144.17		$103.60				$13
Post- Rx costs			$65,013.12				$50,245.73		$178,367.53				$293,626
Post- Number of Rx			417				666		2,460				
Post- Utilizing recipients (1)			187				349		2,152				
Post- Cost per utilizer			$347.66				$143.97		$82.88				$10
Cost change INTERVENTION			-14.66%				-0.14%		-20.00%				-15.
Expected Rx cost			$64,637.38				$45,439.03		$183,810.88				$293,88
Actual Rx cost			$65,013.12				$50,245.73		$178,367.53				$293,62
Cost Savings			-$375.74				-$4,806.70		$5,443.35				$26
Savings per Recipient Intervened			-$2.01				-$13.77		$2.53				$0

* KEY:
A negative number means the intervention month had a negative savings; whereas, a positive number means the intervention month h

Adjusted annualized savings = Adjusted for inflation and projected for one year

NOTE:
Savings are derived from differences in total costs of the comparison group vs. intervention (targeted) group. Pre- to Post-Costs per Utilizer may increase and costs savings may still be achieved due to savings from eligible recipients who stopped using the targeted drug(s) completely.